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A popular community engagement strategy called the collective impact model has been emerging to address large-scale social change requiring broad cross-sector coordination. In response, the field of community development shifted its focus from isolated interventions of individual organizations to a collective impact model approach, defined as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” (Kania & Kramer, 2011, p. 2). Since the collective impact model is still relatively new, there is no research yet that seeks to understand the collective impact model’s greatest critique—its dismissing, ignoring, and obstructing of the inclusion of community narratives.

Given the lack of understanding about community members’ narratives in collective impact models, this study explores how they are or are not included, and how they are or are not utilized in decision-making. Utilizing a conceptual framework, this study includes a research paradigm with critical theory and constructivism, a theoretical framework with Black feminist thought and postcolonial theory, and the researcher’s unique positionality as a participant-observer in the collective impact model being studied. Members of various roles from the same collective impact model were interviewed and observed in community meetings for this study, along with document analysis. Findings illuminate ways community narratives are *and* are not understood in collective impact models. Key findings also include insights into ways community members’ narratives could be better understood in collective impact models.

COMMUNITY MEMBERS' NARRATIVES IN COLLECTIVE IMPACT MODELS

by

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CHAPTER I

INTRODUCTION

Albert Einstein once said, “In theory, theory and practice are the same. In practice, they are not.” Like many of Einstein’s maxims, this applies to many aspects of life. Correspondingly, I believe this also applies to the emerging practice and field of research on collective impact models. For instance, The Health Collaborative, a collective impact model, says its mission is to be a “cross-sector group of residents working together... so that all community members can thrive (The Health Collab).” However, many of the community members that receive services from The Health Collaborative have never been invited to attend a community meeting or partake in the related work. Moreover, the narratives that represent the community are not evident in many collective impact model processes. How can community members thrive if they are not invited to be a part of their own thriving process? This is a major dissonance between The Health Collaborative theoretically portraying a “all are welcome” community narrative and a practice that does not include everyone.

For this dissertation, I seek to explore major disconnects, like the one mentioned above, between collective impact model literature, narrative literature, and practice. Since, neither the theory, practice, nor this researcher can pinpoint the disconnect, I proposed a study that trusts in the emergence of a connection from the data utilizing basic

qualitative research. In other words, if literature is one cliff and practice is another, the study builds a bridge from the data derived from this basic qualitative research.

Diving in, I first identify the topic, the research questions, the methodology, and the relevance and context of the study. Then, in Chapter II, I describe the relevant literature that informs the topic, especially pertaining to: a) the collective impact model and b) narratives. I explore key themes, strengths, limitations, and gaps in the research. Then, in Chapter III, I address the methodology and specific methods of the study in greater detail. Chapter IV has three examples of specific community narratives within THC. They build the context for the Chapter V findings analysis, which reviews the data collection phase and its findings. Chapter VI analyzes the findings within the collective impact and community development literature. And, Chapter VII discusses the implications of the overall study, its strengths and limitations, and areas for future research.

Topic Identification and Problem Statement

There is a multitude of research, energy, and funding going toward empowering communities to create positive change via the collective impact model, a popular community engagement strategy introduced in 2011 by Kania and Kramer. By way of the collective impact model, these scholars claim that large-scale social change requires broad cross-sector coordination. In response to this need, the field of community development shifted its focus from isolated interventions of individual organizations to a collective impact model approach. Kania and Kramer define collective impact as “the

commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” (p. 2).

Kania and Kramer (2011) built this collective impact model by studying historic and current collaboration successes. They remark, “Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different” (p. 2). Collective impact models have involved and require five key conditions:

1. a common agenda,
2. shared measurement,
3. mutually reinforcing activities,
4. continuous communications, and
5. backbone support. (p. 2)

Since the collective impact model is still relatively new, there is limited research about it. Of the available research, most of it takes the form of case studies that address the assessment, impact, or uniqueness of these models (Collective Impact, 2019). There is no research yet that seeks to understand the collective impact model’s greatest critique—its dismissing, ignoring, and obstructing of the inclusion of community narratives (Christians & Inzeo, 2015; Collectiveimpactforum.org, 2015; Harwood, 2008, 2014). Collective impact models tend to perpetuate top-down leadership with traditionally dominant leaders in charge and community members marginalized from the process. Christians and Inzeo (2015) go as far to even say collective impact models are a “grasstop effort” to community member involvement, in contrast to grassroots efforts that

empower marginalized communities (p. 428). Meaning, only the “tops” or leaders of organizations that represent community and grassroots interests are included. How community narratives are not included within this dynamic is a gap in the literature and a problem this study seeks to address.

While the literature’s critique of the exclusion of community narratives is profound, I have witnessed something different in practice, which has created a dissonance between theory and practice for me. As a collective impact participant for five years, I have witnessed a strong presence and appreciation for community narratives. Instead of dismissing, ignoring, and obstructing community narratives, there is an invitation, celebration, and acceptance of them.

However, based on my observations, these narratives are not necessarily evident when it comes to decision-making in the collective impact. Thus, I see a dissonance that is community narratives included in collective impact models, but not evident in decision-making. It is unclear how narratives of community members can be present in collective impact models, yet not ultimately utilized in decisions. How are these narratives not making it into decision-making? What is it about these narratives or the collective impact model that keep them from being involved in decision-making? Is there a problem that is preventing community narratives from being considered in decisions in collective impact models? If so, what is the problem? These questions represent more gaps in the collective impact model literature that this study seeks to address.

Purpose of the Study

Given the lack of understanding about community members' narratives in collective impact models, I propose a study to explore and understand the narratives of community members, how they are or are not included in collective impact models, and how they are or are not utilized in decision-making in collective impact models.

My observation is that community members' narratives are evident in collective impact models, but not necessarily at the decision-making stage. Since my observation has not been researched in the literature or in practice, it is considered a pre-conceived notion in its current state. My observation is limited by my singular perspective. In only witnessing my one view, a fuller picture of the topic including multiple perspectives has yet to be obtained. I cannot assume the conclusion I am drawing from my observation is correct. I am fully aware that as a result of further research, the conclusion I have drawn about community narratives may need to be revised. Since I cannot find information within the literature, I have chosen to pursue this line of inquiry through my own research.

Research Question

The main research question used to guide this study is: How are narratives of community members included or not included in collective impact models, and ultimately used in organizational decisions? To best answer this question, I use basic qualitative research as the methodology for this study.

Theoretical Overview and Brief Description of Methods

Working with collective impact models for five years gave me an inquisitive, eager-to-practice perspective of the scholarly literature. I have always been excited to share findings from the literature, learn more from my colleagues, and connect these ideas to advance our dialogue and practice. My practice in collective impact models has evolved according to my continuous learning from colleagues. Thus, I am enthusiastic to engage in this topic more purposefully as a researcher. More specifically, I use basic qualitative research as my methodology in order to emphasize data from lived experiences of community members in collective impact models. Raising participants' narratives is particularly relevant to this study since the literature has found that they are not appreciated in collective impact models (Christians & Inzeo, 2015; Collectiveimpactforum.org, 2015; Harwood, 2008, 2014).

My conceptual framework for this study includes a research paradigm, theoretical framework, and unique positionality. Critical theory and constructivism inform my research paradigm. Black feminist thought and postcolonial theory undergird my theoretical framework. The research paradigm and theoretical framework will be discussed in the literature review in Chapter II. My unique positionality as a researcher within this study is discussed later in this chapter.

To study these narratives, seven community members were planned to be interviewed; yet due to data saturation and unforeseen circumstances with Covid-19, only three were interviewed. To understand how their narratives are understood and used in decisions, fourteen additional collective impact members were interviewed, seven of

whom are community members themselves and directly serve other community members and the other seven of whom indirectly serve the community members by making decisions about the collective impact model. Interviews were recorded and transcribed with Temi software, then I re-transcribed for content accuracy. I especially looked at how personal stories weaved together to form community narratives within the collective impact model context.

Personal stories and *community narratives* are terms used frequently in the pedestrian lexicon. For the purpose of this study, I am using definitions from Rappaport (2000), who is a narrative theory expert. He defines a *personal story* as “an individual’s cognitive representation or social communication of events unique to that person—i.e., my own life story, organized temporally and thematically” (p. 4). He defines a *community narrative* as “a story common among a group of people. It may be shared through social interaction, texts, pictures, performances, and rituals. These narratives tell the members important things about themselves” (p. 4). These definitions are important because *personal story* and *community narrative* have a tendency to be used interchangeably. These definitions highlight their specific attributes while acknowledging how they interact and feed off of one another. It is significant to note that *community narrative* is a type of story, but it is recognized by several people, not just an individual.

In addition to interviews, I conducted document analysis (e.g., websites and promotional materials from The Health Collaborative (THC), the collective impact model being studied,) along with meeting observations to gain additional data. All data was coded and constantly compared. As findings emerge from the data, it was re-analyzed

and reassessed within additional analyses of the literature. Such a thorough study will ideally prove relevant.

Relevance of Study

Continually coding personal stories and community narratives with other data points will ensure significant findings for the participating collective impact model and its participants. However, it will also be relevant within the collective impact model literature because it addresses the research gap on community members' narratives. Consequently, other collective impact models worldwide could equally benefit from the findings.

Nevertheless, the most direct beneficiaries of the results are the research participants—THC and the people they serve. Understanding community members' narratives and the role they play in THC could help all parties improve and better assess their work. The full-time staff of THC are eager to learn more about the relevance of their work in this way, and apply the learning to their current long-term strategic planning efforts.

Background Context

Local communities are the physical space where social networks engender processes important to wellbeing and quality of life (Jorgensen, 2009, p. 554). Each community may engage in similar processes, but the communities, themselves, are still unique. To understand the uniqueness of the context of this study, here is some relevant background knowledge on the Danville, VA region, and The Health Collaborative (THC).

Danville, Virginia Region

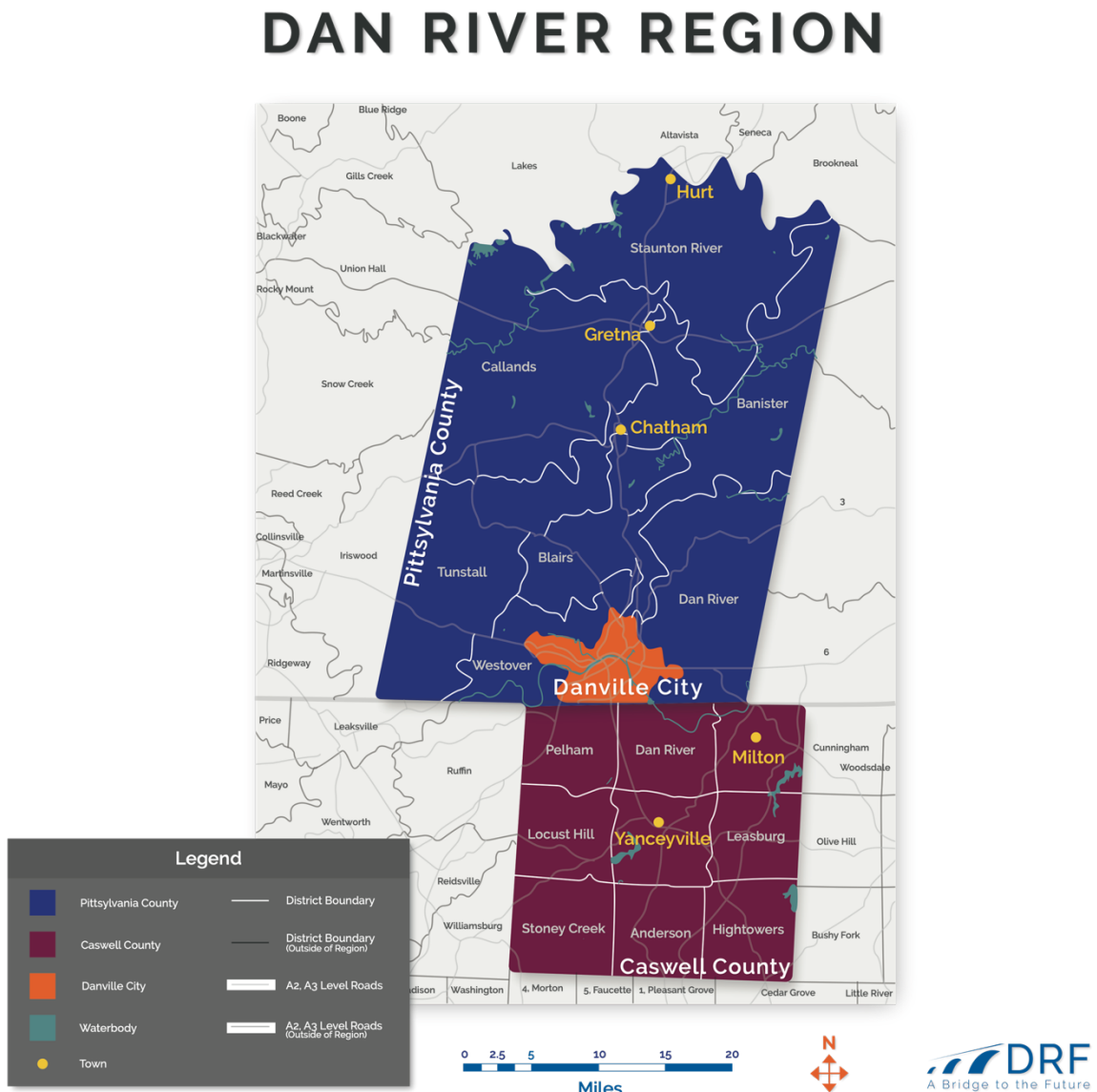
The Danville or Dan River region includes Pittsylvania County, VA and Caswell County, NC. The city of Danville, Pittsylvania County, and Caswell County have their own independent government and financial structures. The major funder of THC is the Danville Regional Foundation, and it is committed to serving the region as a whole, so its funded projects, like THC reflect that as their service areas, too. This region is also the study area for this research. Please reference the Figure 1.1 Dan River Region Map for geographic details.

Danville, VA, is a city of about 42,000 people. The region is comprised of about 128,000 residents. Racially, the city of Danville is 46% white, 48% Black, and 6% other. Pittsylvania County, VA is 74% white, 21% Black, and 5% other. Caswell County, NC is 62% white, 32% Black, and 6% other. The median household income for the Dan River region is \$39,494.

Around the turn of the 20th century, Danville, VA was a thriving metropolis, even larger than nearby Greensboro, NC. It's two major industries were textiles and tobacco, and the leaders of these companies also governed the region. The turn of the 21st century, saw an exodus of these two major industries along with the many jobs, the social services they supported, and traditional leaders. Most notably, Dan River Mills, which, directly or indirectly, employed about two thirds of the region, moved all of its operations out of Danville and to India. With the closure of the mill, many people left the region for new jobs or struggled with unemployment. Many Danvillians still refer to the area as a “mill

town,” and are hoping to one day see another company or industry come to Danville to similarly employ thousands of its residents.

Figure 1.1 Dan River Region Map (Danville Regional Foundation, “DRF Service Area,” n.d.)



Danville is also renowned for its complex racial history. At the end of the American Civil War, Danville was the last capitol of the Confederacy. As a result, there are several cemeteries, statues, flags, historical markers, and museums honoring the Confederacy. During the Civil Rights Era, Danville was one of the few towns, like Selma, Alabama, to draw national attention and outside support. Dr. Martin Luther King, Jr. visited Danville four times in 1963 and John Lewis, President of the Student Nonviolent Coordinating Committee (SNCC), threatened to march through the streets of Danville in his closing speech at the March on Washington on August 28, 1963. The NY Times recognized, “white authorities in Danville for ‘a defense strategy [against civil rights protestors] that is among the most unyielding, ingenious, legalistic, and effective in the South’”. These tensions notoriously came to a head on June 10, 1963 during a peaceful prayer march to City Hall. White police attacked, and ultimately hospitalized, hundreds of demonstrators in what is now known as Bloody Monday (Edmunds, 2016).

Following Bloody Monday, demonstrations continued for decades, even resulting in picketing in front of Dan River Mills for equitable workers’ rights. Attributed to this legacy of racism, most of the neighborhoods, schools, shopping centers, and places of worship are still segregated by race. Even when positive change opportunities are presented, Danville has a history of fighting against change in its best interest, like voting down an interstate highway passing through 50+ years ago for fear of raising the regional minimum wage and losing the former main employer, Dan River Mills.

Due to Danville's former prosperity, and now shrinking demographics, it is identified as a micropolitan community. Besides shrinking population, micropolitan communities commonly face the following challenges:

- Prosperity is not being shared equally.
- Workforce talent is an issue for both growing and declining communities.
- Economic changes have left a void in historical community leadership.
- Physical infrastructure needs attention too. (Home of Future Thinking, 2017, p. 2)

Specifically, in Danville, the community encounters challenges related to obesity, diabetes, crime, substance abuse, poverty, transportation, and mental health. The overall health and wellbeing of the region ranks among some of the lowest in Virginia and North Carolina. In 2015, three out of four Pittsylvania County and Danville City residents over 18 were told by a healthcare professional that they were overweight or obese. Even though general health and wellbeing statistics indicate a struggling region; there are still great disparities when considering social determinants of health, like economic stability, education, neighborhood and built environment, health and healthcare, and social and community context. For instance, most jarringly, two adjacent neighborhoods with different racial, education, and income demographics show a 17.9-year difference in healthy life expectancy (Dan River Region Health Equity Report, 2017).

Because of these complex histories and systemic challenges, the Danville region is eager for positive change. Never have I witnessed or experienced a place and its people so ready to jump into new plans and innovations. In the past five years, many new nonprofit organizations have entered the Danville community scene to fill its "historical

community leadership void” (Home of Future Thinking, 2017, p. 2). However, many of the representatives of those organizations, myself included, come from outside of the geographic area and do not represent the communities facing these racial and systemic challenges. I fear the addition of community organizations has added additional barriers to civic and community engagement processes by creating more hoops to jump through to acquire funding, organize groups of people, and complete tasks. This complicates the processes for community members to speak up and get involved. For example, a parent can’t just start a basketball tournament for youth in her neighborhood. Now, she needs to fill out an event permit with the city, use professional referees which require funds, apply for necessary funding from local foundations, acquire letters of support from local nonprofits for her funding application, etc. All of this extra work has some benefits, but it also makes it more difficult for community members to get and stay involved. In turn, I fear these barriers can ultimately disempower local community voices and their narratives.

The Health Collaborative

The Health Collaborative (THC) in Danville, VA began in 2014 and follows the collective impact model. According to its website, it:

is a cross-sector group of residents who are working together to improve the health and well-being of the Dan River Region. Our goal is to make the healthy choice, the easy choice - at home, work, school and in your neighborhood, so that all community members can thrive. (The Health Collab)

Professionals at the Danville Regional Foundation, the main funder of THC, initiated bringing public health stakeholders together in 2014. The group initially started meeting to

create strategies that would work towards preventing the region's most chronic diseases—obesity, diabetes, stroke, heart diseases and cancer. Within the last two years, The Health Collaborative has grown to more than 250 individuals representing more than 150 organizations in local government, education, healthcare, business and nonprofit sectors. (The Health Collab, “About us,” 2020)

All members of THC are working to eliminate health disparities between different communities. There are three major populations within THC: 1) the coordinating committee, which includes professional staff, 2) Community Health Workers (CHWs), and 3) community members (CMs). These populations will be addressed in greater detail in Chapter III. For now, know that the CHWs are also considered CMs, and they make up the fourth of four focus areas, access to healthcare. The other three major focus areas for THC are 1) healthy eating, 2) active living, and 3) healthy spaces.

The Health Collaborative Focus Areas

Access to Healthcare. The Access to Healthcare focus area works to ensure “all individuals and families without a primary care physician or medical home” in the Dan River region can still access healthcare that appropriately meets their needs (The Health Collab). These needs vary and include transportation, prescriptions, health screenings, application for insurance, medical jargon translation, medical bill management, and many more. These needs of CMs are primarily addressed by CHWs who are CMs that live in these communities themselves. They visit CMs in their homes and work with them to

meet their needs. CHWs are trained to address many of the needs and are supported in connecting clients when they cannot find the answers by a CHW Project Manager that is considered THC staff. The main goal of CHWs is to improve CMs' health and health care access by maximizing trusting relationships that already exist in the neighborhoods. A community member or client is supposed to only be in the CHW program for 6 months then graduate, but many of the clients require continuous care and have been partnered with their CHW for multiple years, now.

The idea for CHWs was discovered from one of THC's annual field trips with staff and CMs to a city innovating with community health programs. Key partners, Gateway Health, Institute for Advanced Learning and Research, and Piedmont Access to Health Services (PATHS) Medical Center, liked the idea, as well, when it was brought back to Danville. They liked it so much that they started financially supporting the project and provided CHW office space. Since, the CHW project has expanded to include more CHWs, thirteen in total, more partners, and employ a Community Care Coordinator. Some of the CHWs were even former clients that graduated from the program, then trained to become CHWs themselves. Many involved in THC attribute the CHW program to be the best thing that THC is doing.

Healthy Eating. Many food deserts are located throughout the Dan River Region, which is the motivation behind designating Healthy Eating as one of THC's four focus areas. Farmers' markets, youth programming, supporting local, healthy foods in public schools, and food pantries are all projects under this focus area. Partner support ranges

from cooking classes with the VA cooperative extension to churches providing spaces for pop-up farmers' markets.

Active Living. The Active Living focus area addresses the need for recreational space. This includes playgrounds, parks, trails, sidewalks, and roads that are bike accessible. More so than any other focus area, the strategies to provide these spaces depend greatly on the local municipalities to fund, plan, and implement these projects. Since one area is a city and the other two areas are rural counties in different states, the strategies and methods required to implement these projects are uniquely different. They work with different constituencies and face different planning requirements. THC members have been instrumental in encouraging these planning processes to be more involved with the community and promoted conducting health equity surveys as part of the planning process.

Healthy Spaces. The Healthy Spaces focus area works to meet CMs in all the other places they live, work, worship, and play. Holding fitness programs in neighborhoods, places of work, schools, and places of worship have been the primary tangible result of this program. The THRIVE! Program is also a part of this focus area. It invites groups, like workplaces, prayer circles, etc. to volunteer to set new health goals that work for the groups. Examples are drink eight glasses of water/day and host walking meetings once/week. THRIVE! has encouraged all THC members to enroll at several meetings and in several emails, but participation is still low. This illustrates a willingness for THC members to volunteer to be part of solutions for others or in organizations, but

less willingness to volunteer to improve their own individual health outcomes through THC.

Racial Equity Task Force

In 2017, THC released its first Health Equity report, tracking regional race, sex, income, education, housing status, life expectancy, chronic disease rates, and employment, and how they are connected to different census tracts and THC goals, like adequate food access and parks and recreation. Upon its release, THC wanted to do something to address the jarring health disparities discovered along racial lines in the Dan River region. A few coordinating committee members convened to research steps taken by other health collective impact models. Over the next three years, they also consulted with racial equity professionals, conducted a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of THC with a racial equity lens, and met several times to develop a vision for a racial equity task force. One of the coordinating committee members commented on this process,

the (original) equity task force with the health collaborative was pretty short lived. It hasn't met again except for the first couple of times. But I think it's something that we realized it doesn't, shouldn't necessarily be a separate task force. It's integrated into every action team in every group. So that's really more so of like, how do we try to enforce that as a group and... not enforce, probably isn't the right... how do we encourage that as a group and make that part of our ideals a part of our systems and our processes.

In Spring of 2020, a formal application process within THC was conducted to organize a racial equity taskforce. More people applied than spots were available. The taskforce consists of thirteen THC members. The membership is evenly represented

across race and geography (the city and two counties). The racial equity taskforce's responsibility is to advocate for racially equitable practice in THC, identify inequities, and make changes. While there is no formal process to exercise these responsibilities, regional chapters and project groups are expected to consult the racial equity taskforce before putting plans into action. Each regional chapter has at least one member also on the racial equity taskforce. This is intended to also apply to all project groups.

Regional Chapters

The Dan River region consists of Pittsylvania County, VA, Caswell County, NC, and the City of Danville, VA. THC sought to serve the full region collectively at its inception. As an active member of THC, I have observed that over time projects focused primarily on the City of Danville, and participation and attendance from the counties waned. These perceptions are shared by several CMs living in the counties and discussed in greater detail in the Community Narratives Examples chapter.

Before THC's inception in 2014, a coalition of Caswell County CMs applied to DRF for funding to start a regional health initiative. According to a Caswell County THC member, funding for that application was denied in favor of THC to serve the full Dan River region. Since that rejection, many Caswell County members have been requesting to have a regional THC chapter. In 2019, Caswell County piloted a regional THC chapter which incurred such high numbers of community member meetings, attendance, and projects that it transitioned into a permanent local chapter. Caswell's success encouraged THC to divide the rest of the Dan River area into regional chapters to try to replicate

Caswell's success. As of 2020, Danville and Pittsylvania chapters were added to THC structure.

THC Structure

As a collective impact initiative, THC is not responsible for abiding 501 tax status guidelines and producing annual reports, like comparable nonprofit organizations. In lieu of these traditional practices that many community groups follow, THC reports its progress in weekly emails, at monthly meetings, on their website, and at their annual health summit. For example, below in Figure 1.2 is a slide from the PowerPoint used at the 2020 THC Annual Health Summit showcasing all of the programs THC supported.

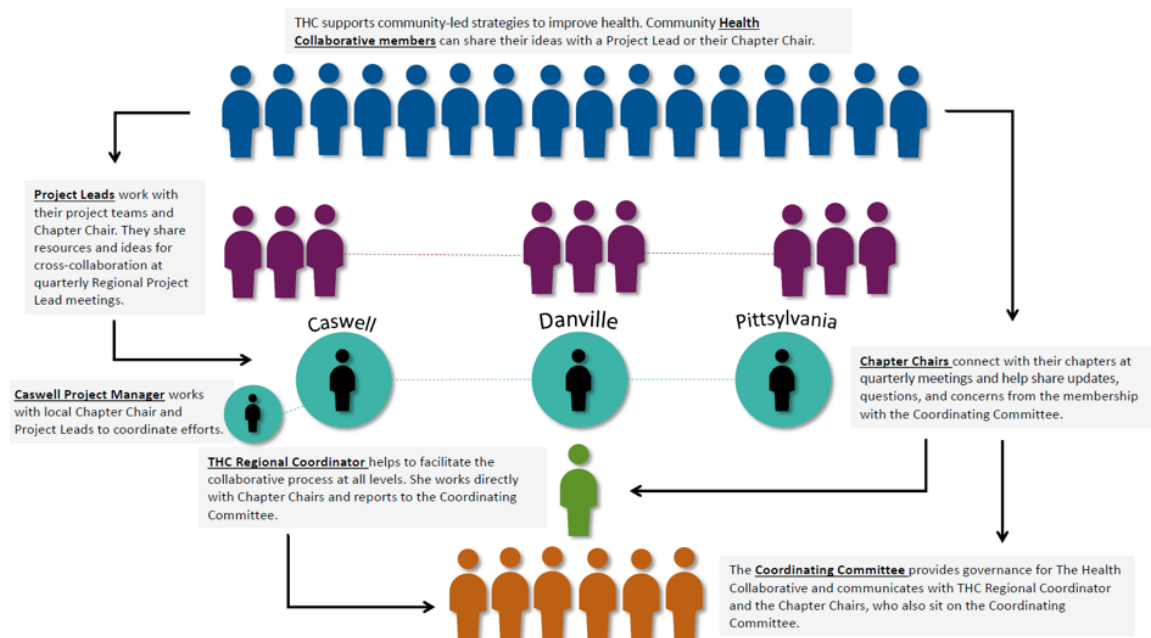
Figure 1.2 The Year in Review (The Health Collaborative, 2020 Health Summit, October 21, 2020)



If anyone desired more information on any of these programs, there is no clear location for up-to-date information. As a THC member, I have always directly asked the THC coordinator for information if I needed it, and interviews show that many other members and coordinating committee members do the same. For people not involved or well informed about THC, that communication pathway for information is not necessarily clear.

THC structure has been built around the four focus areas with the coordinating committee as the governing structure since its inception in 2014. Each THC member would work in one of the four focus areas. Over 2019 and 2020, THC has been adjusting its structure to reflect Figures 1.3 and 1.4 THC Structures. In this chart, CHWs and CMs would be considered Health Collaborative members. The Caswell Project Manager and THC Regional Coordinator also serve on the Coordinating Committee. Projects explicitly tackle one of the four areas and are further divided between regional chapters. Each regional chapter has a focus lead that is responsible for ensuring best practice and research is considered in decision-making. To illustrate, take the CHW program as an example. It used to be in the Access to Healthcare focus area for the entire Dan River region. After 2020, the CHW program is three projects. It is CHW- Danville, CHW- Pittsylvania County, and CHW- Caswell County. All three projects address the access to healthcare focus area.

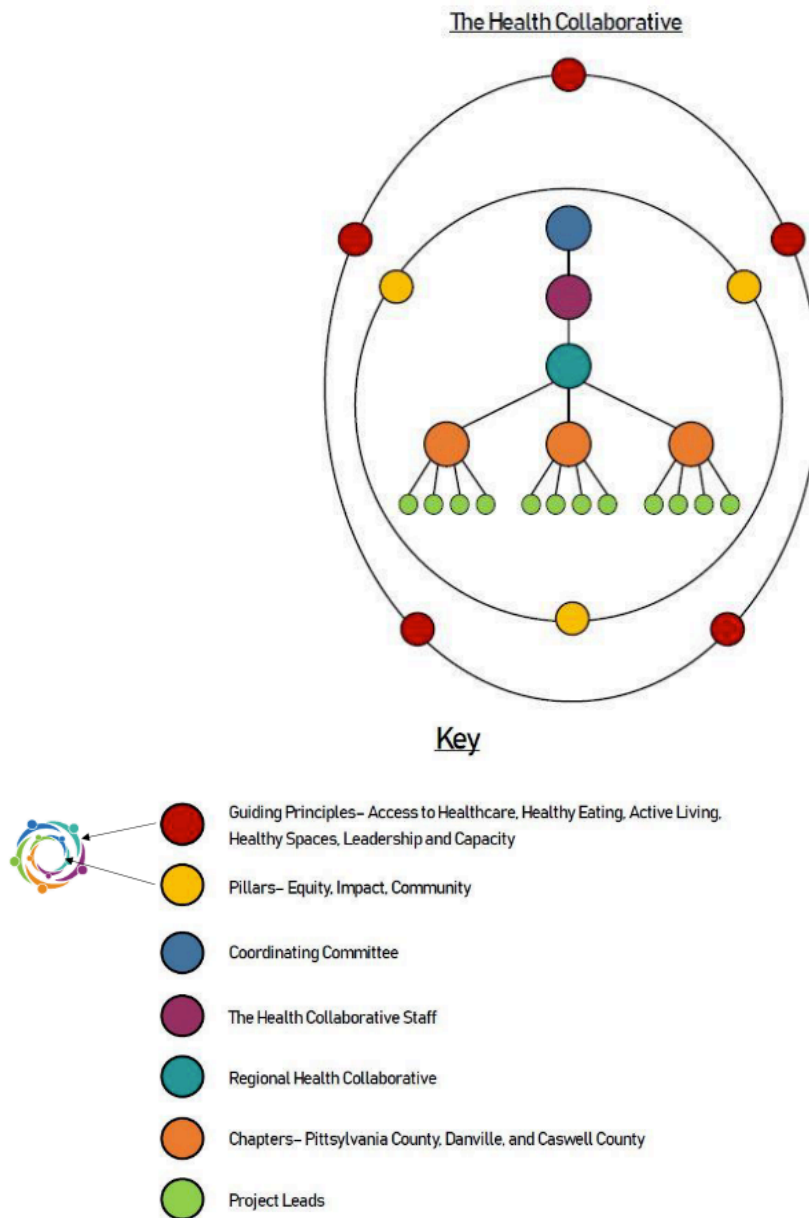
Figure 1.3 THC Structure (The Health Collaborative, 2020 Health Summit, October 21, 2020)



Note. In this chart, CHWs and CMs would be considered Health Collaborative members. The Caswell Project Manager and THC Regional Coordinator also serve on the Coordinating Committee.

Another representation of the new THC structure is showcased in Figure 1.3. In this chart, CMs and CHWs are assumed to report to project leads.

Figure 1.4 THC Structure (The Health Collaborative, Regional THC Meeting, February 19, 2020)



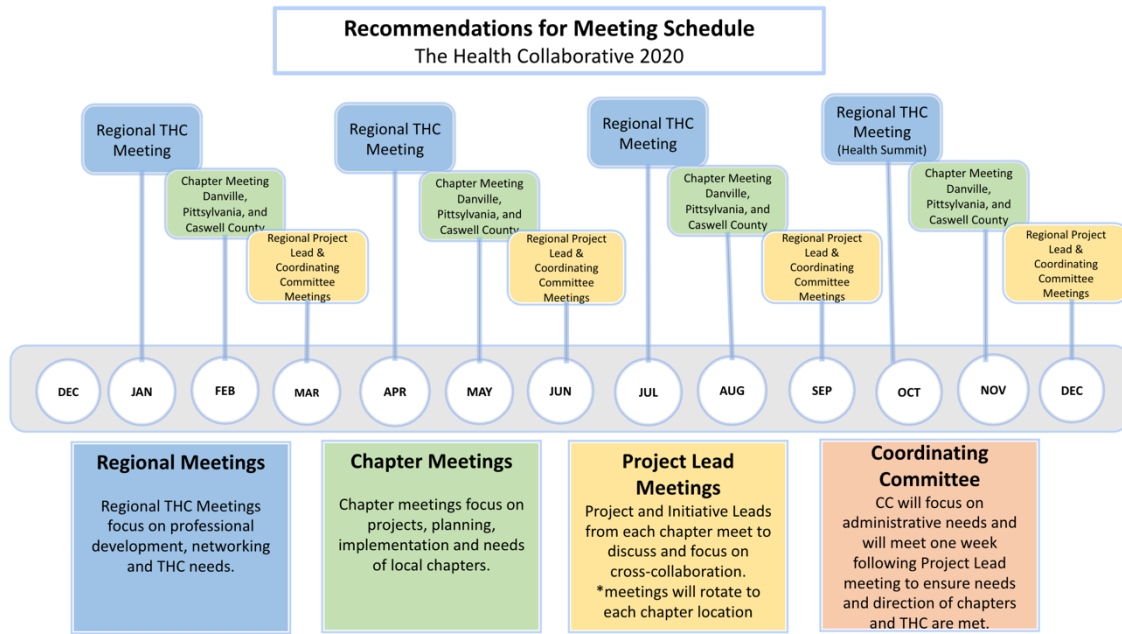
Note. In this chart, CMs and CHWs are assumed to report to Project Leads.

Not pictured, the racial equity task force is external to this structure. It is not clearly delineated how the task force operates, but it is supposed to be positioned to oversee all THC functions.

THC Meetings

THC meetings are also essential to THC structure because it is how they primarily communicate and involve CMs. The previous schedule of monthly open THC meetings transitioned to a new system to include local chapter meetings. Barring cancellations or special events, the general THC meeting schedule follows Figure 1.5. Historically, CMs and their narratives were solicited within the THC collective impact model by holding an open invitation to the monthly meetings. Now, regional chapters are empowered to utilize their own preferred approaches for soliciting CMs to attend meetings and share community narratives. Inviting CMs to meetings is critical because THC staff consider, “CMs responsible for ideas and strategies and the coordinating committee is responsible for structure.” With this consideration, staff also believe, “meetings are the breeding ground for ideas and strategies.”

Figure 1.5 Recommendations for Meeting Schedule (The Health Collaborative, Regional THC Meeting, February 19, 2020)



Researcher Positionality

According to Denzin and Lincoln (2003), mindful researchers need to “locate ourselves in the text” (p. 4). To better understand my role as the researcher conducting this study, I address my positionality within the context of the research.

Professionally, I have played a role in community organizing in Danville, VA, for five years. For four of those five years, I was the Director of Experiential Learning at the Center for Community Engagement and Career Competitiveness at Averett University in Danville. Through my work, I partnered with all of Danville’s collective impact models, the United Way, Smart Beginnings, and THC, of which I am still an active member. This past year, I transitioned into an independent consultant and leadership coach role, still

affording me many opportunities to partner and serve the same community partners, including THC.

When I first came to Danville as an outsider, my new ideas and perspective were embraced. I quickly met hundreds of people and started developing community projects with them. Everyone was so gracious and thankful for the work we were accomplishing, and I could not quite identify why they just didn't do such things before. My skillset is not so unique that these feats could not have been pulled off prior to my arrival. I kept asking myself, 'Why was a community so eager to collaborate around change just starting the work, now?' I soon realized it was my outsider status to the Danville status quo that empowered me to see the forest for the trees more easily and meaningfully contribute with that perspective.

Over the past five years, I have been fortunate to build trust with CMs by collaborating on community projects with this outsider perspective. Some of my work includes

- teaching with THC's Youth Agricultural Entrepreneurship program, an eight-week intensive summer camp, where participating youth learn to plant, grow, harvest, cook and sell their own produce on a teaching farm, while also learning valuable life and workforce skills (The Health Collab),
- strategizing on long-term planning and funding sources at special committee meetings,

- connecting college students and THC partnering organizations through service-learning courses to meet learning outcomes and organizational needs, respectively,
- attending and participating in monthly meetings and annual summits, and
- coaching THC staff and members on optimizing their leadership practices with their personal strengths.

More specifically, I have established strong relationships with THC staff and members, empowering trustworthy dialogues that will likely yield rich research data. Because my established relationships with Danvillians are so strong, I care about Danville, its CMs (many on a first name basis), and the success of its organizations and endeavors. This passion I hold for the Danville community is one reason why I chose it as my study population. More importantly, I chose the Danville community because I believe my deep understanding of the local context and relationships prepared me to connect data and testimonies that I might have overlooked without such intimate knowledge. Having already built trust with several interview participants, I also believe participants were more willing to share more details with me that they might not release to a researcher new to the scene. Since I am so invested in the Danville community, relationally and with my professional consultation work, the findings of this research continue to impact me and my colleagues after this study, too.

I care about understanding biases, limitations, and my perspectives towards CMs' narratives because I believe, if they were used in every aspect of collective impact models, Danville could better serve all of its constituents. My perspective is a bias and

limitation in my research, as with all researchers. Being a white, middle class woman who grew up in the Northeastern United States, the culture of Danville is very different from that of my upbringing. I was raised playing several contact sports with boys and girls of several races and ethnicities, and I was encouraged to be aggressive, forthright, and team-oriented. Contrarily, girls in Danville have the option to be on a either dance or cheer team, most of which are segregated by race. Generally, at least from what I have experienced, women in Danville are expected to be polite and agreeable, and most certainly not forthright and aggressive. So, quickly I saw myself as an outsider to the dominant norms in Danville and could empathize with others that felt marginalized. In the past five years, I have spent a great deal of time getting to know individuals and communities of all demographics in the Danville region. While I may know and relate to many of their experiences, it is essential to note that I have not had these experiences myself, and this is a major barrier to my research.

I must be constantly cognizant of how my perspective is a bias and limitation, and work to address it throughout my research. Utilizing this method with a strong consciousness of my positionality in the interview process will also prove helpful in addressing biases, assumptions, and dispositions. To further triangulate data, websites, meeting notes, and community organization documents will also be analyzed.

My overall mission is to empower others, and I believe this research can do just that if I adequately address my perspective as a researcher within the study's context. I also believe colleagues in different regions could benefit from lessons learned by this research, as well.

Overview of Dissertation

This introduction chapter has provided a foundational understanding of my study's purpose. In the next chapter, I explore the literature that serves as the groundwork for this research. In Chapter III, I address methodology, including how a basic qualitative research study can be used to understand how CMs' narratives are included or not included in collective impact models. Chapter IV reviews three key examples of community narratives within THC. The fifth Chapter explores findings by theme and category. Chapter VI analyzes those findings within the relevant literature. And, Chapter VII works to address the strengths and limitations of the overall study and its impact.

CHAPTER II

LITERATURE REVIEW

Leading community researchers, Forrest and Kearns (2001) have found two main reasons for interest in exploring the topic of community development. First, improvement in neighborhoods and community programs are connected to community engagement. Second, improved local relationships translate to improved social cohesion at higher levels, like engagement with government. These reasons are consistent motives for narrative and collective impact model research. The topic of understanding CMs' narratives in collective impact models is situated most prominently within two aspects of the literature: (a) the collective impact model, and (b) narratives. To review this literature in depth, I cover key themes, strengths, limitations, and gaps within the research. I utilize Merriam and Tisdell's (2016) funnel approach by starting with a broad scope of the literature and narrowing the discussion to more keenly discuss my topic. With the collective impact model, I chronologically review its creation, foundational examples, initial model adoption, and its revised principles. For narratives, I explore its role in collective impact models, narrative theory, and using shared narratives as a resource. A findings analysis in Chapter VI more directly addresses research impacting the findings, including new research utilized by THC. But, this literature review chapter appropriately reviews the key elements used to shape this study: the collective impact model and narratives.

Collective Impact Model

The collective impact model is defined by Kania and Kramer (2011) as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” (p. 2). The model is also demarcated with five key conditions:

1. a common agenda,
2. shared measurement,
3. mutually reinforcing activities,
4. continuous communications, and
5. backbone support. (p. 2)

There is a rich and interactive online community supporting collective impact model research in the Collective Impact Forum. It is hosted by a think tank and a consulting firm. The think tank, the Aspen Institute, is a 70-year-old educational and policy studies organization based in Washington, DC. Kramer—credited with developing the collective impact model with Kania—is one of the founders of FSG, which is the consulting firm that co-hosts the Collective Impact Forum. It started working with major community engagement funders like the Robert Wood Johnson Foundation in 2000. While their work still covers a wide range of issue areas, they are most renowned for their work with the collective impact model. The Collective Impact Forum funders include nationally known foundations, such as the Ford Foundation, the Bill & Melinda Gates Foundation, and the Annie E. Casey Foundation. Co-catalysts and partners, like United Way Worldwide, contribute resources and case studies.

Every year, the Collective Impact Forum hosts an annual conference that brings thousands of practitioners, funders, and scholars together. Unfortunately, my THC colleagues and I, and what I imagine is many other collective impact model practitioners, have never been able to attend as registration can be cost prohibitive at over \$1,000 per attendee (Collective Impact Form, 2019). By placing a high price on conference attendance, it creates a barrier to involvement for many small-budget collective impact model practitioners. This is evidence of a systemic breakdown between what the Collective Impact Forum espouses (e.g., equity) and what it enacts (e.g., expensive events/ resources that are not accessible to low-income people and non-profits). This is relevant because it is consistent with the collective impact model's greatest critique that it dismisses, ignores, and obstructs the inclusion of community and their narratives.

Introduction to the Research on Collective Impact Models

The research shared on the Collective Impact Forum is of two types: (a) case studies or (b) contributions from Collective Impact Forum founders, funders, co-catalysts, and partners. These contributions vary from blog posts, articles, videos, webinars, and reports. Although not a requirement of the model, many collective impact initiatives produce and share annual reports. But, these vary in content from simply listing programs to measuring effectiveness of outcomes. The majority of topics focus on collective impact model case studies measuring impact and effective implementation on any of the model's five conditions. From my searching, I found contributions from peer-reviewed journals are only included on the website when they are written by an employee of a Collective Impact Forum participating organization. As a result, the majority of the

contributions do not come from academic scholars, nor have clear methodologies or scholarly research (Collective Impact Form, 2019). This is relevant because the findings of the case studies are so subjective that they likely benefit only a small segment of the collective impact community. It is also unclear if there are research methods used in these studies. If so, are they ethical and address biases? Or, are they simply opinion pieces by practitioners?

On the rare occasion that the Collective Impact Forum hosts a work that is critical of collective impact models, it is accompanied with a rebuttal. For instance, a blog post, titled “Why Communities of Color are Getting Frustrated with Collective Impact,” argues that collective impact perpetuates colonizing, top-down leadership, considers equity as an afterthought, and imposes double-consciousness on communities as an “illusion of inclusion” (Le, 2015, para #12). This post was published with an accompanying blog post from a Collective Impact Forum host and FSG employee (Schmitz, 2015). The post honored Le’s opinion but used it as a tool to boomerang the conversation back to Collective Impact Forum authorized research that states equity’s importance, yet preserves its presence as an add-on to the model, not a key condition (Collectiveimpactforum.org, 2015; Schmitz, 2015). The concerns raised by Le are addressed further in this chapter. These concerns are important because they reflect the collective impact model’s greatest critique of dismissing, ignoring, and obstructing of the inclusion of community and their narratives.

The Collective Impact Forum likely limits and curates its promoted research because, judging by their hosts’ websites (Aspen Institute; FSG), they have a lot to lose

since they acquire a lot of consulting business and grant funds from the site and promotion of the model. Outside of practitioner-based research, there is much less academic, peer-reviewed research pertaining to the collective impact model. But, when inspecting the scholarly, peer-reviewed works that do exist, there is a more critical tone throughout (see Barnes & Schmitz, 2016; Christians & Inzeo, 2015; Smith, Pelco, & Rooke, 2017). The two most significant critiques are 1) a lack of consideration for previous decades' community engagement research and 2) the model's top-down leadership approach, which disempowers communities that are involved in the work (Barnes & Schmitz, 2016; Christians & Inzeo, 2015; Collectiveimpactforum.org, 2015; Harwood, 2014; Smith et al., 2017). This is significant because, on the topic of community engagement, there is a plethora of peer-reviewed research and subsequent journals that host it. To omit the inclusion of similarly-based community engagement research into the foundation, building, or improving of collective impact models seems unwise. To remedy this oversight, bodies of literature on the collective impact model and community engagement are, both, included in my literature review and findings analysis since they are impacted by many of the same criteria, like community narratives and their impact on decision-making.

Focusing on the overall body of collective impact model literature, there are three main themes: (a) formative examples, (b) initial model adoption, and (c) revised principles.

Formative Examples

Kania and Kramer (2011) developed the collective impact model after researching how cross-sector, collaborative organizations, like Strive (Cincinnati, Ohio), Shape Up Somerville (Somerville, Massachusetts), and the Mars Company (Cote d'Ivoire) achieved benchmarks pertaining to major social challenges (p. 2). These three formative examples continue to be exemplars for the model, and the Collective Impact Forum continues to support tracking their success through their case studies (Collective Impact Forum, 2019). First, Strive in Cincinnati is improving college completion rates, and starting a meta-collective impact group with 20+ nationwide collective impact organizations to track multiple education factors (Collective Impact Forum; Strive Together, "we impact communities," n.d.). Shape Up Somerville had so much success meeting sustainable food and active living goals that they have shifted their focus to create food system assessment guides for other collectives to follow (Shape Up Somerville, "About Shape Up Somerville," n.d.). And, the Mars Sustainable Cocoa Initiative in Cote d'Ivoire is on track to secure 100% of their cocoa from sustainable sources by 2020 (Mars, "Cocoa and Forests Action Plan," n.d.). The continued success of these formative examples continues to promote the collective impact model and the five key conditions.

However, there is a major oversight from the collective impact model archetypes. The formative examples had a historical presence in the community and many long-standing relationships. In a 2012 follow-up to the original model, Hanleybrown, Kania, and Kramer, shared that the archetypes had "three conditions in place before launching a collective impact initiative: an influential champion, adequate financial resources, and a

sense of urgency for change” (p. 3). New collective impact initiatives coming into communities from the outside do not always possess or seek to have a local champion or local resources, even though they are crucial for a sustainable and equitable collective impact initiative. The implementation to these two pre-conditions are a glaring gap in literature and practice. Misguided attempts at collective impact without longstanding relationships, an influential local champion, and adequate local financial resources has the potential to create more harm than good.

Such a case played out when Mark Zuckerberg, Oprah Winfrey, Cory Booker, and Chris Christie collaboratively announced they were going to reform Newark Public Schools with a \$100 million investment. To streamline their positivist problem solving,

Christie and Booker had adopted a top-down approach because they thought that the messy work of forging a consensus among local stakeholders might undermine the reform effort. They created an ambitious timeline, installed a board of philanthropists from outside Newark to oversee the initiative, and hired a leader from outside Newark to serve as the city’s superintendent of schools. (Barnes & Schmitz, 2016, p. 32)

Newark Public Schools, and, more importantly, the community that had always and continues to be there, are still waiting for their promised turn around. Not only did the investment not help, but it majorly polarized the city with locals protesting the project (Barnes & Schmitz, 2016, p.32). Meeting the five key conditions of collective impact without longstanding relationships in the community was disastrous for this project.

As a result, omitting longstanding relationships from the research on the formative examples was a glaring oversight when synthesizing the model into only five

conditions. To better understand the practice of this model, in this next section, I explore the research pertaining to the initial model adoption.

Initial Model Adoption

Despite the Newark example, there have been many successes in bringing businesses, nonprofits, governments, and educational institutions together to achieve goals with the collective impact model. Since 2011, hundreds of community initiatives re-structured their work according to this collective impact model (Collective Impact Form, “Initiative Directory,” n.d.). Most notably, in June 2012, United Way Worldwide ambitiously committed all their organizations to transition to the collective impact model by 2018 (Gemmel, 2014, p. 5). As of 2020, not all United Way agencies have transitioned to the collective impact model, but United Way Worldwide is still calling for the sector-wide change despite mixed results on transition and success.

With big, powerful funders, like United Way Worldwide, encouraging agencies to adopt the model with little training or guidance, the cache of the collective impact name was valued more than enforcing a quality structure that honored community. In the same vein, Trent, Prange, and Allen (2017) imply ease in adopting the model, “Social issues may not begin as collective impact, over time they may evolve into collective impact” (p. 77). This statement suggests an initiative could effortlessly slide into a collective impact model, which is a likely way to bypass or neglect intentional community engagement as part of its function.

Hanleybrown, Kania, and Kramer (2102) acknowledge, “The appeal of collective impact may be due to a broad disillusionment in the ability of governments to solve

society's problems, causing people to look at alternative models of change" (p. 2). In other words, the original collective impact model was attractive because people believed it was a solution to their problems.

With so many agencies sliding into collective impact or rushing to build the collective impact plane while it was flying, the past few years have seen what looks like a collective impact bonanza. And, that is in part because of the model's openness and adaptability to enable collaboration with every type of person and group linked to an issue. On the contrary, that same openness is also a challenge as there is an absence of a structured definition for *community* in the collective impact literature. Without a clear guide for how to include people from all sides of a social issue, marginalized populations can be overlooked as part of what gets defined as the *community* in these models. The collective impact model is built to empower community; however, it often falls short, and perpetuates top-down community leadership that glazes over local contexts and needs (Barnes & Schmitz, 2016, p. 1).

For instance, in some misguided attempts, analyzing community data is considered empowering the community, and continuous data-driven feedback loops are seen as a means for continuous communication and effective dialogue with the community (Raderstrong & Nazaire, 2017). In 2017, over 70 collective impact initiatives embedded data-driven feedback loops to better understand and change behavior (Raderstrong & Nazaire). The findings based on these over-simplified measurement systems concluded effective community engagement fundamentally came down to "the capacities, skills, and discipline required to manage a data-driven process" (p. 1). They

called for better training for practitioners to maximize their use of limited data, never addressing the CMs the data is about. Empowering the overall community to be part of the data collection process has been overlooked. There is an unfortunate focus on the quantitative aspect of the data, not the qualitative part that includes CMs' narratives. That's not to say quantitative data cannot be useful; rather, there also needs to be space for authentic and qualitative community feedback.

Similarly exploiting the shared measurement key collective impact condition, many collective impact models pertaining to education, like Louisville's 55,000 degrees (55000 degrees) and State Island's 30,000 degrees (30000 degrees), define educational success as a binary-- degree completed or not. A primary reason this measurement is simplified to degree attainment is because there is a dearth of data that hinders all community engagement work in this field.

Unlike in parts of Europe, where policymakers track 16- to 24-year-olds who are not engaged in education, employment, or training to assess their progress toward education credentials and careers, no single system in the US keeps track of this population. (Collective Impact Forum, 2012, p. 20).

However, instead of engaging with CMs to assess outcomes, in order to meet quick and easily-defined binary outputs, these collective impact models risk omitting many narratives and different types of victories and struggles from the collective impact process.

In fact, research emerging about this model focuses primarily on case studies and their effectiveness and efficiency to meet outcomes. For example, scholars have studied the University of Georgia Archway Partnership and multiple chapters of the Kindergarten

Readiness Network in various US regions (Garber & Adams, 2017; Thompson, Rodney, Robin, & Jocius, 2017). These examples are described as effective in communicating holistic approaches to improving regional high school, GED, associates, bachelors, and masters' degrees graduation rates (Collective Impact Forum, 2012; 2014). Yet, the literature also showed many K-12 students, parents, and community partners left out of the collaboration and decision-making processes (Collective Impact Forum, 2012; 2014). By emphasizing the effectiveness and efficiency of these collective impact models, community narratives were lost in the process.

In summary, the original collective impact model can be a helpful way for long-established community engagement initiatives to re-organize. But, as the foundation for a new initiative, it risks marginalizing many voices, ideas, and narratives. Practitioners and scholars in the field quickly took note of this fact and amended the original model with a variety of revised principles.

Revised Principles

A single year after Kania and Kramer introduced the original collective impact model, the founders were already revising it. This is important because it opened dialogue for other scholars to critique and adjust the model as well. For instance, *The Philanthropist*, the premier Canadian journal for the nonprofit sector, published a special issue solely dedicated to the collective impact model in 2014. In one article, Brunet (2014) invokes Colonialism by sharing how she “toured all the regions of Québec” and the mere act of her presence benefited the community (p. 42). Brunet said organizations involved in collective impact initiatives “were suddenly granted resources, the likes of

which they never would have received otherwise” (p. 42). In other words, the less visited regions of Québec are visible when they are willingly visited by beneficiaries or patrons. However, they are not visible or given say within the collective impact model’s regular operations.

In the same journal, Weaver (2014), a prominent collective impact scholar, further critiques applications of this model by describing how “many organizations and collaborative planning tables think they are implementing collective impact when they focus on one or two of the conditions or include one or two sectors in their efforts” (p. 17). The implication here is that many so-called collective impact initiatives might not actually be fully meeting all five key conditions, yet they are still calling themselves a collective impact model for the caché of it.

To address these critiques, Cabaj and Weaver (2016) developed a revised collective impact model due to the framework’s “apparent failure to put community at the center of the change process” (p. 5). Their research produced the Collective Impact 3.0 model (see Figure 2.1). Most notably, the fourth condition of *continuous communication* shifted to *inclusive community engagement*.

Figure 2.1 Collective Impact 3.0 (Cabaj & Weaver, 2016, p. 3)

From	To
The Leadership Paradigm	
Management	Movement Building
The Five Conditions	
Common Agenda	Community Aspiration
Shared Measurement	Strategic Learning
Mutually Reinforcing Activities	High Leverage Activities
Continuous Communication	Inclusive Community Engagement
Backbone	Containers for Change

Note. Kania and Kramer’s 2011 Collective Impact model is on the left. The respective revised principles of Collective Impact 3.0 are on the right.

While the scholarly critiques and revised principles help address the issue of omitting community from the center of the model, Collective Impact 3.0 is still promoting a singular, adjustable prescription for solving complex problems. Moreover, it is still not evident how the community is *really* at the center.

This raises the point that the quality of community engagement is equally, if not more, relevant than the presence of it. A critical mass of community activists is important, as well as their ardor. Afterall,

Little will happen until a significant number of people care about the issue and feel that their actions can make a difference. A big challenge is figuring out when your issue matters to enough people who share a common place or experience, so they can be organized around the issue. (Fawcett, n.d., p. 10)

CMs need not to be present and impassioned only, but they also believe that they matter. Too often, the term *community* is used for grant-writing or proving one’s mission; but, when interpreting data or making decisions, the community is invisible, powerless,

or seldom considered. Many leaders and organizations talk about *community*, but they are often more focused on their own programs, initiatives and processes (Harwood & Creighton, 2008). When CMs are insufficiently included in collective impact processes, a constant awareness of leading multiple lives of invisibility and hyper-visibility is at stake, or what W.E.B. DuBois or Ralph Ellison would term ‘double consciousness’. In other words, CMs, especially ones traditionally marginalized by dominant groups, may feel invisible or voiceless when important decisions are being made; but, those same members may be the literal face of the initiative and on every publication to represent community buy-in.

To truly amplify these community narratives, especially marginalized ones, another prominent Kania and Kramer critic, Richard Harwood (2012), believes understanding and developing civic culture is necessary, yet overlooked, in collective impact work. Scholars agree on the importance of communication (Barnes & Schmitz, 2016; Cabaj & Weaver, 2016; Harwood, 2014; Kania & Kramer, 2011) but, Harwood (2014) emphasizes the stories, or narratives, the community uses to describe itself. For collective impact models to work, Harwood believes communities need to share authentic, empowering personal stories and community narratives. Consequently, my study purpose is to better understand narratives in collective impact models, so eventually, in later studies, their impact could be better understood.

Conclusion

While the collective impact model is a more recent model, its often-reinforced, top-down leadership approach serves as a reincarnation of oppression in marginalized communities studied in Postcolonial Theory. Questioning this power uses Critical Theory. In other words, inequitable power in terms of race, income, gender, religion, etc. is still at play. Consequently, I will strive to honor historically marginalized people and their narratives for socially just transformation of culture and society in my research. In Chapter III, I specifically describe how I attend to that in this research.

Narratives

Narratives have a strong prevalence in common everyday life throughout history. From books to movies to songs, narratives continue to have a strong impact on culture and society. Thus, the literature on this topic is limitless. To focus on my research topic and question, I am narrowing the narrative literature to the following three relevant themes: (a) narrative in collective impact models, (b) narrative theory, and (c) shared narratives as a resource.

Narratives in Collective Impact Models

Although not listed as one of the original five key conditions for the collective impact model, community involvement is necessary for the success of these models (Hanleybrown et al., 2012). The central methodology for community buy-in in collective impact models is “to promote community empowerment from... dialogue, mutual respect, and belief that people can listen to their own experiences, discuss common interconnections and create actions to change their lives and the health and well-being of

their communities” (Akom et al., 2016, p. 2). Moreover, “the key contribution of collective impact models is asking community members and leaders to play a key role in shaping goals and outcome measures” (Thompson et al., 2017, p. 8). This supports the important notion that community voices and narratives should be at the center of collective impact models. While the literature shows that this is rarely practiced, there are some positive examples showcasing the potential.

An internationally recognized positive example is the Institute for Sustainable Economic Educational and Environmental Design (ISEED) in Oakland, California. They are “putting the power back in the hands of everyday people by identifying community assets, providing real-time feedback loops, crowd-sourcing data, elevating place-based stories & counter-narratives, and transforming schools & communities through ongoing youth and community-driven metrics, monitoring, and evaluation” (Akom et al., 2016, p. 5). Even more powerful is that K-12 students train and complete the data collection, so there is deep community participation within all five original collective impact conditions.

Research on strong, community-based collective impact initiatives, like ISEED in Oakland and the University of Georgia’s Archway Partnership in Athens, Georgia, found that, by prioritizing community narratives, the collective impact approach can be symbiotic. With the Archway partnership, for instance, “individual organizations began to talk about their community needs and goals and found that seeking the resources of external partners would develop their needs while sharing their experiences with the academic community” (Garber & Adams, 2017, pp. 27–28). These collective impact

initiatives focused first on creating an environment for community narratives to be shared and heard, and thusly, all stakeholders gained benefits.

Diving deeper, prominent collective impact critic, Richard Harwood (2014), considers civic culture to be most important in the collective impact model, even though it is not included in the original and 3.0 models. He identifies civic culture as the “context of the community (2014, p. 6),” and it has five key characteristics in relation to collective impact models: 1) ownership by the larger community, 2) strategies that fit the community, 3) a sustainable enabling environment, 4) a focus on impact and belief, and 5) the story a community tells itself. More specifically, he focuses on the community rhythms and the community narratives within civic culture. Harwood believes that “people must be able to see where they are, what came before, and the possibilities for the future” (p. 14). Positive change narratives, like ones seen in THC’s Caswell County chapter, that communities tell about themselves must emerge from the community. They need to naturally “bubble up” and cannot be “imposed” (p. 14). Moreover, positive change narratives take “form only when people can see the connections between and among different stories, or civic parables, creating a believable track record. What’s more, the narrative must unfold over an arc of time” (p. 14).

While providing ample time for narratives to emerge is not favorable for quickly accomplishing outcomes, it does yield more community-driven, sustainable initiatives (Collectiveimpactforum.org, 2019, p. 3; Harwood, 2014, p. 14). The narratives cannot be rushed by increasing the number of stories told or dismissing older, negative narratives. In fact, “those interested in giving rise to a new, can-do narrative, must be prepared for a

sharp and long-term competition between the emerging narrative and the community's ingrained narrative. The latter does not give way easily—but it must" (Harwood, 2014, p. 14).

Such a narrative-centric approach defies the five original and five revised conditions of the collective impact frameworks because it emphasizes the pace and culture of community life that varies from context to context rather than focusing on the effectiveness and efficiency of outcomes. To truly appreciate this power of narratives on individuals and communities, let us explore narrative theory.

Narrative Theory

Pulling from some of time's greatest scholars, from Plato to Ricoeur, narratives have multiple phenomenological and hermeneutic meanings. As a result, there is no singular narrative theory, rather there is a narrative metatheory. In the case of narratives, the metatheory has four main components: "1) narrative discourse and temporal language, 2) narrative and historical constructions, 3) narrative objects or stories, and 4) narrative functions and purposes" (Cebik, 1986, p. 60).

For the purposes of this research, there are relevant distinctions between the theoretical terms used; this is especially important since they are part of the pedestrian lexicon. To clarify, there are three distinct types of narrative terms relevant to this research topic: 1) personal story, 2) community narrative, and 3) dominant culture narrative (Rappaport, 2000, p. 4). A personal story refers "to an individual's cognitive representation or social communication of events unique to that person—i.e., my own life story, organized temporally and thematically" (p. 4). "A community (setting) narrative is

a story common among a group of people. It may be shared through social interaction, texts, pictures, performances, and rituals. These narratives tell the members important things about themselves” (p. 4). And, a dominant cultural narrative is a story

communicated through mass media or other large social and cultural institutions and social networks. The dominant cultural narratives are known by most people in a culture. They are often communicated in shorthand, as stereotypes (welfare mother, college student, housing project resident) that conjure up well practiced images and stories. (pp. 4–5)

When these stories come together, the technique of story-building can unveil the community’s assets, limitations, and opportunities (McCormack, Ambler, Martin, Waite, & Wilson, 2016, p. 81). By blending individual and collective knowledge, a picture is created to describe “how communities and networks create value for their members, for hosting organizations, and for sponsors” (Wenger et al., 2011, p. 8). Found in theory and practice, “it is the interplay of the individual story and the collective story that reveals what could otherwise have been hidden, the value of the network to its stakeholders” (McCormack et al., 2016, p. 81). This ideology is connected to Black feminist theory and Constructivism due to its emphasis on the human experience as important, valuable data.

In summary, narrative metatheory represents how personal stories and community narratives have an interlocking relationship with individual change, social change, and dominant cultural narratives. For better or worse, they feed each other and develop in reaction to one another. As a result, shared narratives can be viewed as a resource, or a tool to give or take power (Rappaport, 2000).

Shared Narratives as a Resource

Since narratives are a tool that can give or take power, narratives, themselves, have power and are a signal of power (Rappaport, 2000). And,

because empowering narratives are resources, they are distributed unevenly by social class and other such statuses, both ascribed and achieved. Like all resources, the particular narrative currents available to any individual tend to be associated with statuses such as social class, race or ethnicity, and gender, as well as sexual orientation, and physical and psychological status. (Rappaport, 2000, p. 6–7)

The inequitable distribution of resources in a social and cultural context most often impacts marginalized populations. Even though one may think they own their own story, they do not possess autonomy over community narratives and dominant cultural narratives. Therefore, “stories that marginalized people might tell to portray their reality will forever be covered up by dominant groups that have tried to speak for them” (Hatcher & Bringle, 2012, p. 32).

For example, powerful institutions may be built to limit community narratives. Smith et al. (2017) shared their struggles with Bridging Richmond, an educational collective impact initiative navigating the chasm between university demands and community needs. The university—serving as the initiative’s primary funding source—reduced “investment in [collective impact model] activities that are sometimes considered tangential to our core missions of teaching, research, and service” (p. 27), when new university leadership took place. In other words, activities that prioritize community narrative may be neglected intentionally in collective impact initiatives because of power or finance struggles within university administration. In cases like this one, double

consciousness is present, again. The community is invisible when the university wants to change its priorities, and community narratives are no longer heard. But, when the university decides to reengage with the community, their narratives will be hyper-visible. In this scenario, the only community narratives listened to are (a) what the university can do for the community or (b) how the university's engagement with the community can make the university look good.

Dominant people, including this researcher, must understand “the pressing issue is not a person on the periphery's ability to speak, but the willingness of those at the center to listen and to hear what is being said” (Hatcher & Bringle, 2012, p. 32). In order to amplify marginalized narratives in dominant spaces, people in those spaces must adapt to listen, respect, and recognize personal stories and community narratives as knowledge, or epistemology. For instance, “indigenous knowledge embodied in languages, proverbs, folktales, stories, songs, music, taboos, artifacts, cultural and lived experiences to envision new topics, themes, indigenous-centered conceptual frameworks, methods, processes and categories of analysis not easily obtainable from conventional methods” can all be types of narratives used as resources (Chilisa, Major, & Khudu-Petersen, 2017, p. 327).

Comparably, Black feminist theory and Postcolonial theory undergird the struggle and power that comes with narratives as a resource. Thus, these two theories make up my theoretical framework for this study. Black feminist theory is a process of self-conscious struggle that empowers women and men to actualize a humanist vision of community (Collins, 2002). Personal stories and community narratives can be maximized as a

research tool to link collective ideas to community change. Black feminist theory is specifically intended to serve Black female experiences and identities, although it can empower all people. Considering Black females make up roughly 25% of the Dan River region's population and more than 40% of this study's interviewees, this theory is an appropriate vehicle to appreciate the meaning of experiences for Black women and their CMs.

It is a privilege that I can use Black feminist theory as part of my theoretical framework, since I am a white woman from a dominant demographic. Due to my intersectionality, I must wield this theoretical research tool that is built for Black women with care so as not to use its power to dismiss, ignore, or obstruct the personal stories and community narratives of the traditionally oppressed people it seeks to empower.

Postcolonial theory empowers hermeneutical questions of power centers and peripheries with the colonized and the colonizers, or in this case, more commonly referred to as *town and gown*. The theory explores power dynamics, especially after independence from historic colonizers. Many of the same power structures remain in place once independence is proclaimed. By 'othering' the colonized, the colonizers and their progeny retain power (Spivak, 1988). Using this theory, institutions like universities, foundations, and even some collective impact models are viewed as colonizers that can oppress surrounding communities through actions like buying up property, gentrification, influencing government, and voter suppression. Both, postcolonial and Black feminist theories, rationalize how narratives as a resource can marginalize oppressed populations.

Yet, if narratives have power to oppress, they can also empower! I intend to learn more about narratives' power for positive change in my proposed study.

Gaps in Understanding/Research Opportunities

In reviewing the literature, several gaps were illuminated. The following areas are opportunities for research of greater detail:

- Community partner perspective in collective impact models;
- Is the community *really* given a chance to dialogue and validate their own experiences in a collective impact model, so they feel empowered to act and make a difference?
- How collective impact initiatives fulfill or do not fulfill the five key conditions;
- Understanding differences between collective impact models that intentionally seek to uphold the five key condition structure and ones that proclaim to have slipped into the structure
- Community resilience in collective impact models when challenges are present;
- Pros and cons for collective impact models with and without community foci.

The findings and gaps identified in this literature review shaped the questions that would be most beneficial for me to ask in this study. I deeply care about my Danville, VA friends' and family's connected livelihoods, health, and successes with the region's prosperity—all which stand to benefit with better understanding community narratives and the role they can play in collective impact models.

Following Merriam and Tisdell's literature review funnel approach has been helpful in gaining a deeper understanding and awareness of the collective impact field. It

helped me to see that there are major gaps in the collective impact literature that need to be researched. Whereas before my study began, I thought my dissertation could analyze implementing a community-focused collective impact model, I now clearly see that my dissertation needs to understand what a collective impact model and its role with community narratives even looks like. With that realization, my dissertation developed quickly.

Conclusion

Merriam and Tisdell's (2016) funnel approach has been helpful to start this foray into the literature. It is evident that collective impact models working with CMs' narratives is a major gap in the literature that needs to be researched. In Chapter V, I conduct another literature analysis simultaneous to the data collection stage to advance the data findings' breadth and depth. The data determined the literature to be reviewed. To explore more of how this is accomplished, let's review the methods of this study in Chapter III.

CHAPTER III

METHODS

Seeking a better understanding of CMs' narratives in collective impact models, I conducted two pilot studies: one in Fall 2018 and one in Spring 2019. These pilot studies enhanced my clarity and understanding of the topic so much that I was able to narrow my research questions for my dissertation. Ultimately, these pilots refined my study to focus more on how CMs' narratives are included in collective impact models and ultimately used in organizational decisions. In this chapter, I will also review in greater detail the specific methodology, conceptual framework, and sample population.

Pilot Studies

Fall 2018 Pilot

In order to better understand CMs' narratives in collective impact models, I decided to observe the Dan River Region's THC 2018 Annual Health Summit, which is the main event for the group. About 300 Danville area residents and healthcare professionals attend this annual event with workshops and guest speakers from other collective impact models pertaining to health. Once I started pulling information from conversations, in combination with observations, meaningful data emerged. My two observations of THC in Danville, VA, identified three major themes: (a) community voice disempowerment, (b) racial divide, and (c) disconnect between purported values and behaviors.

First, there was a preference for efficient, professionalized dialogue facilitation methods over authentic, empowering ones. For example, a paid THC staff member summarized CMs' ideas in her own words and jargon on a sheet of paper that was meant to represent the ideas of a group of people. Having a professional scribe for the activity likely led to more ideas being submitted to the piece of paper. However, some CMs appeared frustrated with the process when their original words were not submitted to the paper, even after requesting corrections, which were not made.

Second, a possible racial divide emerged as potentially relevant. As the racial dynamics of the table shifted, so did the conversation. Reading body language in terms of crossed arms, leaning forward or back, checking cell phones, staring off, nodding in agreement, blank stares, or hesitant glances, a lot could be inferred about the level of trust and engagement at the table. For instance, when two self-described white housewives were talking about how the police were leading a positive example in the community, the rest of the table, which was comprised of Black women and me, leaned back, looked at their phones, or stared off appearing put off by the discussion. When the same two white women left the table, everyone started to engage in a deeper conversation around successful neighbor-led programming at redevelopment housing sites. Everyone was leaning forward, phones were away, nodding, reaffirming with "yes" and "uh-huh."

Upon further reflection, there was potential that there was a racial divide in perspectives. But race was not the only factor at play. The topic of conversation also contributed greatly. If a Black woman said the same thing about the police there may or may not have been a similar reaction from the rest of the table. To better understand these

racial and conversational topic trends, additional observations would be required or possibly follow-up interview questions.

Third, there was a disconnect between purported values and behaviors. At an event celebrating community engagement in health, I would expect to find engaged CMs excited about health. Instead, I was overwhelmed to find over half of the participants on their smart phones during awards ceremonies, to the point that some participants were unaware that they won awards because they were consumed with their phones. For reasons unknown to me, awards were given to winners of the previous year's award recipients and everyone clapped in unison obligatorily. Then, awards were given to the current year's recipients, who included the announcer, her mother, and her coworkers. And, everyone automatically clapped, again, without emotion like zombies. It seemed winning and celebrations were lacking joy, and awards were given based on who you know, not what you do.

In my first observation, the dominant speaker would hold out her phone in the center of the table and peruse social media whenever she was not speaking. When, she did speak she put her phone away and rallied the table around the need to return to "old school values where everyone respected one another." This hypocrisy further shows that there was a major disconnect between purported values and behaviors on an individual and larger level.

The Fall 2018 pilot spurred a curiosity to explore community empowerment methods within collective impact meetings, like having participants instead of facilitators taking notes. These observations were also helpful in confirming my preference for

interviewing for my dissertation. I naturally wanted to disregard the observation in favor of a one-on-one conversation with participants to gain deeper insights on topics.

Nonetheless, observing was helpful with better understanding broader infrastructural contexts in community meetings, like who speaks most, whose ideas are focused on, and who has power.

Spring 2019 Pilot

Upon interviewing CMs, it became evident that the collective impact model was not clearly understood by them and other prominent stakeholders in collective impact initiatives. In fact, CMs had such little interest in community organizing processes that it could have been characterized as disdain. Rather, CMs shared more interest and passion in expressing their voice and sharing their stories without any channels or barriers.

In response to community interest in civic culture stories, I seek to shift my research focus to better understand Rich Harwood's critique of collective impact models and communities' need to give rise to authentic, empowering community narratives. Therefore, my original study purpose to better understand the community buy-in process into collective impact models pertaining to education could be enhanced with a narrower focus. My renewed study purpose was to better understand the power of civic culture stories in community organizing initiatives, especially collective impact models. The research questions that guided this pilot were:

- How is community defined in collective impact models?
- How are community voices heard, considered, and/or part of decision-making processes?

- What stories are told when the community speaks?
- Where are examples of collective impact models where the community voice and civic culture story are clearly valued?

For my pilot methods, I used narrative analysis with interviews and observations, intertwined with critical qualitative research designs for this pilot. Critical research and theory empowered me as a researcher to critique, challenge, transform and analyze the power relations of the collective impact model (Merriam & Tisdell, 2016, p. 59).

Interviews with CMs in collective impact models, in terms of narrative analysis, provided the data to critically dissect these structures (p.35). Unbeknownst to me at the time, this pilot study was pointing me to Constructivism and Black feminist theory because of the emphasis it placed on lived experiences.

For this pilot, I observed a community meeting with Opportunity Neighborhoods, an asset-based community development organization in Danville, and analyzed the meeting's documents. The meeting was mostly led by various CMs, which was inspiring to witness, considering the purpose of my study. However, due to the 30+ people that were there, the sheer breadth of communication did not lend itself to deep, reflective dialogue or narratives. Moreover, the meeting itself was unfocused and accomplished little, if anything. The inability for me to engage in deep conversation with participants affirmed that community meetings are helpful to connect with participants for interviews scheduled at later times but not useful for data collection. This experience confirmed the need to primarily use interviews to collect data.

To learn more about interviews, I interviewed one of the CMs, an African-American male street clothes police officer. I did this to explore power dynamics in the community engagement field, especially between community and community engagement professionals. I learned we had many similar opinions on community engagement and the Danville context. Frequently during our interview, we would snicker quietly together, not to be discovered, like children joking during a class. In a closed room, we shared critiques and a desire to subvert power structures in Danville. Yet, despite no one able to hear us, we still had this all-encompassing, unspoken need to whisper when speaking such things so as not to get “caught.”

The three emerging themes from the coding and analysis of this interview are: 1- code switching; 2- engagement pathways; and 3- disconnect between purported values and behaviors. The third theme is a recurring theme from my Fall 2018 study.

Code Switching

D, as I will refer to the interview subject, frequently touched on the importance of code switching. He referred to being able, “to go from cornbread to caviar.” The community representing the cornbread and professionals at city hall, in the police department, and nonprofit organizations representing caviar. He said the biggest part of his job was “translating” and that he “spoke both languages.”

He cited a community organizer in Spartanburg, SC that he admires who made great strides with hundreds of youth but failed to galvanize government and professional organizations to support her because, “as far as expressing herself and articulating her vision she may not be the best.” D. found sharing “clear messages” as paramount because

that is how barriers are broken down. The barrier topic overlaps with the next theme—engagement pathways.

Engagement Pathways

The main barriers D. referred to were 1- bureaucracy and 2- prejudice, both, in government and nonprofit institutions. He specifically cited how the city of Danville has a youth taskforce and a gang prevention taskforce that work disparately. D. frequently referred to this type of work as “silos.” He wishes the two taskforces worked together, or better yet merged into one. He lamented at spending lots of energy navigating and code switching within, in between, and on the outside of these silos.

D. also sees a lot of potential in grassroots leadership. We both remarked on how well a single mother in the Danville community has been rallying other mothers together to discuss how they can play a role in violence prevention. D. said, “she’s different. She has a voice.” She successfully navigated the bureaucracy to accomplish a great deal towards the issue she is passionate about in her own neighborhood. However, once she achieved her goal, she stopped her external activism, and returned to the work in her neighborhood, in another type of silo. The trail blazed from neighborhood to city hall by this activist did not last long once she returned to her silo. With the withering disappearance of the pathway, so did the collaborative effort and trust between the neighborhood and city hall.

D. believes part of the reason there are so few grassroots leaders is because of prejudice. D. has seen many former felons wanting to council and prevent youth from gang activity. However, government and community organizations are hesitant, if not

resistant, to trust people with “sketchy records” or who are “not intelligent on a [professional] level.” He believes these are the very people with the deepest “connection to the grass roots” and need to be empowered as leaders.

Disconnect Between Purported Values and Behaviors

In my Fall study, this theme arose within CMs that I observed. In this interview, D. spoke of the theme on a big picture level. He started by sharing, “if I don’t do anything for the next year, everyone will be ok.” Meaning, the city professionals created his position, they filled it, and they can say they are working on preventing crime. And, as long as they can say they are doing those things, they are content. They can check the box that they are working on the problem.

D. questions the city’s desire for “real change.” He says, “people want the world to stay the same with one thing changing.” And, that, according to D., is impossible. He feels he needs to fight everyday for sustainable change to occur, and to go against the status quo. He has to fight the very people that hired him for his current position. Due to these issues, D. feels many community initiatives fail or will fail once the original leader or fighter for an initiative is removed. I agree with D. on this front and equate it to a neoliberal approach to community development.

Strongly connecting with my interview subject reiterates why one-on-one interviewing is my strongest empirical data collection method, especially in the Danville context. Because I have spent so much time working in and with the community, interview subjects and I can quickly dive deeply into community analysis together. It was

also important to note that I interview a wide range of people, and not simply those that share my beliefs.

For the pilot, I believe I achieved my goals, but not the way that I initially intended. My greatest goal was to find answers to: How is *community* defined in community engagement? And, how is the *community* empowered or not in community engagement? My selfish desire in these questions was to satiate my critical lens and challenge community engagement and collective impact structures. I quickly understood that my questioning was too aloof, academic, and unrelatable. In trying to selfishly find some deep, critical meaning, I lost my North star: to serve the community. The greatest benefit of this pilot was learning just that—to remember to serve the community.

Reflection on Pilot Studies

The community meeting observations confirmed what I have witnessed about the Danville context. They were further reaffirmed by the fall pilot and supported by the literature. There is a genuine need *and* desire to include CMs' narratives in collective impact model processes and decision-making; yet, there is a lapse in practice and really knowing how to do that. This lapse speaks to the heart of my research and research question. Analyzing the role CMs' narratives play in collective impact models and how they are included is the essential next step for practitioners and researchers to ultimately ensure they are including such narratives. In other words, if you don't know better, you can't do better. And, as Maya Angelou said, "When you know better, you do better." So, the first step, and what this dissertation hopes to achieve, is to help others know better.

Specific Methodology

Completing the pilot studies, I spent months steeping in and experimenting with different methodologies, including ethnography and narrative theory. Without “too much accessibility to others, too many interpretations, over commitments, overloads, and being spread thin,” I could unblock the methodology generation process (Glaser, 1978, p. 21). Unknowingly, I gave myself time to spur creativity (p. 19). Processing ideas at my own pace without others’ pacing and frameworks of assignments and due dates, I engaged with “theory as a process” (Glaser & Strauss, 1967, p. 9). I explored the basic qualitative literature and found a way to develop a methodology compatible with this study.

Basic qualitative research “is based on the belief that knowledge is constructed by people in an ongoing fashion as they engage in and make meaning of an activity, experience, or phenomenon” (Merriam & Tisdale, 2016, p. 23). I am attracted to this methodology because it emphasizes the importance of people’s experiences as a means to interpret meaning, similar to Constructivism and Black feminist theory. It starts with a problem statement and research question, engages in data collection, and sifts data through an explicit coding process to generate findings. As data checking and coding processes ensue, it is connected to a scholarly conversation with the literature. Emerging patterns in the data are to be checked, compared, and contrasted with current literature. In the case of this study, there is the initial literature review from Chapter II and a subsequent analysis of the literature in Chapter VI.

The process of analyzing data and coding explicitly at the same time is referred to as the constant-comparative method of qualitative analysis (Glaser & Strauss, 1967, p.

102). To guide the constant-comparative method, I followed these suggestions for effective coding developed by Glaser (pp. 56–57). The rules are:

1. Constantly ask, “what is this data a study of” (p. 57). Permit true emergence from data by understanding the original intent of the study may differ from what occurs and is founded.
2. Utilize two approaches simultaneously. First, “analyze the data line by line” (p. 57). Second, execute an overview approach by reading over all the data somewhat quickly to see if anything jumps out (p. 58). Then, proceed to rule 4.
3. The researcher conducts their own coding, (p.58). Computer coding programs are highly discouraged because they rob the researcher of the opportunity to execute rule 2.
4. When an idea emerges, always stop coding and memo the idea (p. 58). Memos are the “write-up of ideas about codes and their relationships as they strike the analyst while coding” (p. 83). Memos also “allow creative theoretical forays with the data and concepts” (p. 20). Memoing tracks the development of findings and leaves a paper trail explaining their connections.
5. “Analysts should not assume the analytic relevance of any fact sheet variable such as age, sex, social class, race, skin color, etc. until it emerges as relevant” (p.59). This rule is especially important to this study because THC’s racial representation within its infrastructure is skewed. Predominantly high-income white people serve as the decision makers, and low-income Black people make up the majority of the community member population that THC serves. To assume this race distribution

plays a role in this specific context would be a preconceived notion. Instead, the racial data must be analyzed with respect to all the data.

Adopting these coding guidelines from Glaser, I believe this is a robust basic qualitative research study. Several qualitative researchers have learned what they can from various methods, then forged their own methodology path forward. These researchers have offered additional benefits attained through qualitative research. For one, Brown understands research should be “based on people’s lived experiences” (2012, p. 252). I appreciate the emphasis to develop methodologies based on people’s lived experiences since that pertains to my research using Black feminist theory.

An additional benefit of qualitative research, specific to my research paradigm of Constructivism and Critical theory, is that I have come to greatly appreciate its challenging of traditional methodologies and, ultimately, traditional power dynamics. I especially appreciate it because I am fond of the challenging aspect of critical theory but struggled to find a way to effectively use it as a conceptual framework for this study. In constructivist research, what the participants say through their data determines what is important. This conceptual framework raises the importance of the participant and their narrative, which connects deeply to the meaning of this research.

Some researchers find using “multiple theories is in contrast to the directly monopolistic implications of logico-deductive theories, whose formulators claim there is only one theory for an area, or perhaps even one sociological theory for all areas” (Glaser, 1978, p. 35) Yet, I believe using constructivism and critical theory better position me to build off others’ work and connect to it. I was enabled to steep in a more

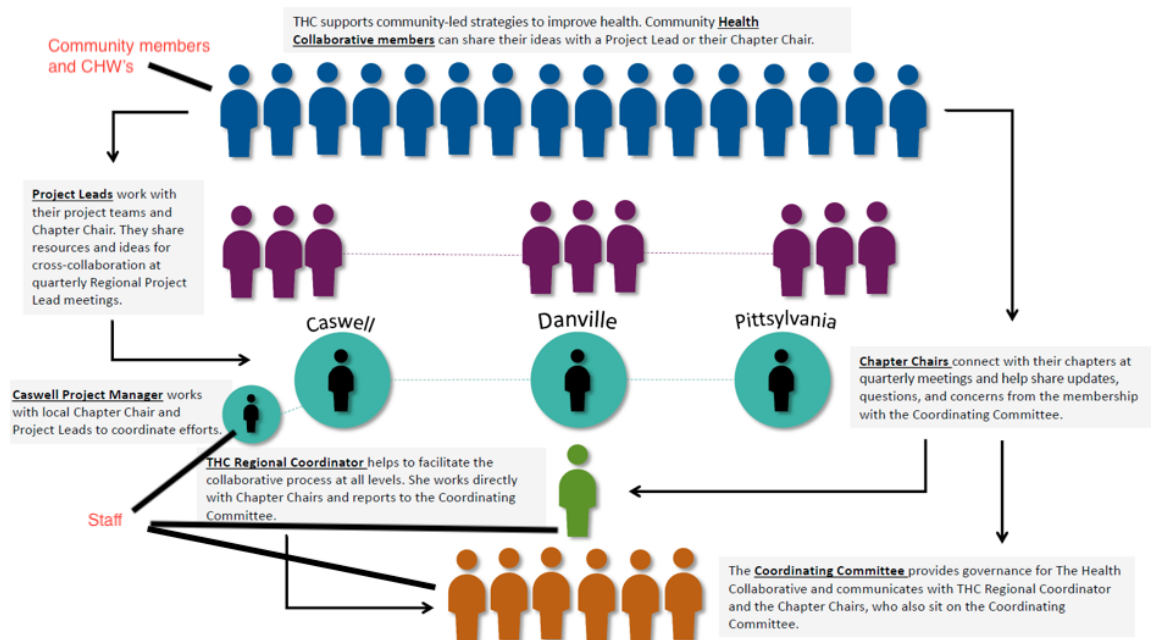
dynamic field of literature that increased my sensitivity to coding and memoing throughout the data collection phase of this study. Steeping in the literature was especially critical to counterbalance biases I may have for the study population of which I am very familiar.

Interestingly, basic qualitative research emboldens such a deep understanding of interview participants that a researcher can start to see not just what what is there, but also is *not* there. This is an advantage of basic qualitative research to understand “how some interactants may not be aware of their own status (Glasser, 1978, p. 84)”, or in this case position and power within THC. Hence, a deeper examination into the sample population of participants is prudent at this juncture.

Sample Population

As previously stated in the Background Context section of Chapter I, the context for this research is The Health Collaborative (THC) in Danville, VA, which is a group—of which I am a member—that follows the collective impact model. To understand how CMs’ narratives are understood in the collective impact model, I collected data from the CMs (CMs) as well as other groups within the organization. The other groups include: community health workers (CHWs) who are also CMs, THC staff, and the THC coordinating committee (see Figure 3.1). In red font, the CMs and CHWs are noted as Health Collaborative members. Also in red font, staff are noted as the Caswell Project Manager, THC regional coordinator, and sitting on the coordinating committee.

**Figure 3.1 THC Hierarchical Structure of the Study's Sample Population
(The Health Collaborative, 2020 Annual Health Summit, October 21, 2020)**



Note. In red font, the CMs and CHWs are noted as Health Collaborative members. Also in red font, staff are noted as the Caswell Project Manager, THC regional coordinator, and sitting on the coordinating committee.

Community Members (CMs)

From the collective impact literature and my personal experience, I have seen marginalized populations overlooked as part of the community. So, for the purposes of this research, I offer a definition that intentionally focuses on the people that collective impact models seek to serve. I define community and CMs as populations and individuals directly, not indirectly, impacted by a collective impact model. For instance, if a collective impact model, like THC, seeks to improve regional health equity disparities, the community would be defined as the people that currently reside in the disparately defined areas. Community would not be defined as social agencies, government, or

elected officials unless the individuals representing those entities lived in the disparately defined areas. Additionally, CMs are also considered THC members.

From my experience in THC, I have come to know that many CMs are low income, Black, housing insecure, and food insecure. For the study, I gathered more exacting demographic data for this population from THC. Having attended many THC meetings, in which we introduce ourselves at the beginning, I have witnessed few CMs in attendance. The other THC populations evenly make up the majority at meetings.

It is also important to note that from my experience and the CMs I interviewed, there is little to no familiarity of THC in the community. The CMs I interviewed knew plenty about the CHWs because they are direct recipients of their services. So, I explained to CMs that THC is the group of people that makes the CHWs possible. With that context, the CMs looked favorably on THC, but still had no idea about how it operated, what it did (besides the CHW program), and that they were considered THC members since they participated in the CHW program.

Community Health Workers (CHWs)

According to THC website, a CHW is a

public health worker who is a trusted member of the community. This trusting relationship allows for us to serve as a link between healthcare, social services and community members to increase access to services and improve health management. In our role as CHWs we improve clients' ability to manage their health through a series of activities including outreach, community education, informal counseling, social support and advocacy. (The Health Collab, "community health workers," 2020)

Most of the CHWs attend every THC meeting. They work directly with both CMs and THC staff. There are 10 CHWs, two CHW supervisors, and one CHW director. The CHW supervisors and director are considered THC staff. All CHWs are also CMs, although not all CMs are CHWs. Some CMs have graduated to become CHWs. CHWs go through training to become certified. The CHW role is a full-time paid position with benefits. I have interacted with the CHWs multiple times at meetings, retreats, and leadership coaching sessions that I facilitate. Through these interactions, I have built strong relationships with each CHW.

THC Staff and Coordinating Committee

This has the least amount of participants and the most amount of power. In 2019, there were five, white, female staff that worked full-time on THC: the CHW director, THC program manager, THC Caswell County project coordinator, AmeriCorps VISTA (Volunteer in Service to America), and Danville Regional Foundation Senior Program Officer. Since, there have been changes with the 2019 THC program manager leaving, the VISTA replacing her, and the VISTA role is now vacant.

Fifteen professionals make up the coordinating committee, which makes major decisions on sustainability, funding, staffing, and priorities for THC. Thirteen of the members were white; two were Black, before 2020 changes were made. Not all the members live within the Dan River region, which is the area THC serves. THC staff also participate in coordinating committee meetings. One coordinating committee member describes their role as,

At the coordinating committee level, we don't have very much to do with the budget. Yeah, no. Um, that's something that happens a little bit more internally with the staff and, um, with Annie (staff member) at the helm and then anything that we need to approve for grants request will get funded up through, um, through to the coordinating committee. So, like if an action team needs grant funding, there's a limited amount that the health collaborative has that can assist. But we also would encourage them to go out and apply to other types of sponsorships. You can Centra or SOVAH or whatever. Um, and so that's the limitation that we've had with internal funding. But we also approve grant requests from like using the health collaborative's name and things like that. And so, and allocation of staff time working towards those grants. So that's what we, um, that's the role that we've been playing. Cause I know it's a little bit of an interesting structure that we're not a full nonprofit so it's a little bit different. Like we don't get financial reports every month at every meeting.

Another says,

From the beginning, like in our plan from, you know, 2015 it says, you know, residents design, lead and implement strategies in their own neighborhoods. And we just serve as capacity and resources and support and provide the structure for them to be able to do, do their work. And that's the ultimate goal.

One staff and coordinating committee member states the “coordinating committee is responsible for structure. We will advise project leads where to apply for funding. If there is no other funding, the project will possibly be presented to the DRF board.” The most significant lesson from these descriptions of the coordinating committee’s role is that their approval is necessary for any THC project to advance, whether or not their assistance with resources is required. The Caswell County chapter appears to be the exception to this implicit rule as they have advanced their own projects and initiatives without the coordinating committee’s approval. However, they still report their updates to the committee.

Data Collection Methods

Being a member of THC, early on, I floated the idea of a study to learn more about CMs' narratives to THC staff, CHWs, and CMs. From everyone I talked to, they were enthusiastic about the study because they are also curious about this research question. In fact, several participants preemptively agreed to participate in my study and expressed eagerness to read the completed study. Nonetheless, I developed a consent form for participants to read, agree with, and sign to ensure proper research ethics are upheld. This was a part of the UNCG IRB protocol that I went through in Winter 2019 to ensure my research was institutionally supported and approved. Information shared during interviews, participant recruitment, and outlined in the IRB protocol process are included in the appendix. These items are:

- A. Recruitment email
- B. Dissertation Research Proposal Shared During Recruitment
- C. In-person Recruitment Script
- D. Observation Guide
- E. Interview Questionnaire Survey
- F. THC Letter of Support
- G. Consent Form

Access to research participants, documents, and meetings in Danville, VA, was not an obstacle since I have buy-in from the group and participants. Since I am a member of THC, I was continually invited to meetings and received shared documents, proving access, again, to be a non-issue.

On a personal note, I moved to Florida in Winter 2019/2020. I traveled back to Danville, VA, for interviews and data collection in February 2020. THC meets monthly and CHWs meet weekly, so it was easy for me to connect to groups and multiple participants at those times, when other times could not be scheduled.

Interviews

To start data collection, I conducted one-hour interviews. Of the 10 CHWs, I requested seven volunteers to interview. I made this request at the monthly meeting, then through email. Of the 15 coordinating committee members, I requested four volunteers to interview. I made this request at the monthly meeting, then through email. Of the five staff members, I only interviewed three because there was turn over at the time. Of the hundreds of CMs served, I requested seven volunteers to interview. I made this request at the monthly meeting, then through shadowing CHWs in the community. There were some changes to the interview numbers due to quarantine measures, which I discuss in greater detail in Chapter V. In total, I looked to interview 21 people involved in THC:

- 7 CHWs that are also CMs
- 7 staff and coordinating committee members, consisting of:
 - 4 coordinating committee members
 - 1 CHW director
 - 2 THC staff
- 7 CMs

I know the CHWs, THC staff, and coordinating committee members better than CMs. It proved harder for me to select CMs to interview and schedule interview times

with them. Thus, I sought recommendations on CMs to interview from CHWs and THC staff during their respective interviews. I also sought CHW and THC staff assistance on scheduling CM interviews. For these reasons, I interviewed CHWs, THC staff, and coordinating committee members first, in order to acquire information on the CMs.

If scheduling and selecting CM interviews proved difficult this way, my back-up plan was to join CHWs for their daily visits with CMs. At the end of the CHWs visit with the CM, I would ask if I can interview the CM alone. I would encourage them to contact me if they were interested. There was a chance some CMs may prefer for the CHW to be present for the interview due to ability accommodations or trust concerns. When this preference arised, I conducted the CM interview with the CHW present. Again, quaranting measures cancelled daily CHW visits to CMs, so this became a barrier to interviewing CMs.

I took field notes during the interviews on the location, events occuring during the interview, and any significant body language. I also journaled additional observations after each interview. This was particularly helpful because many interview participants would divulge significant information when I turned the recording off. By journaling, I was still able to capture the relevant data. For example, after I turned the recording off, one CHW recalled a personal story of the challenges of finding housing for a former incarcerated female. Her personal story added to the “people experiencing homelessness live here” community narrative. Akin to memoing, journaling helped me start identifying themes, categories, and codes that would be important for the research.

I also recorded each interview with Temi software for transcription. I reviewed and re-transcribed each interview for accuracy. Once all interviews were completed, transcribed, and coded, I was prepared to conduct follow-up interviews if:

1. Time ran short during the previous session and there was more information left to share.
2. There was a need to clarify previous information.
3. There was a need to triangulate data.
4. There was a need to check or understand an interviewee's take on developing findings.

I also collected and analyzed data on all interviewees' age, race, gender, education, ability, living status (e.g., homeless, government housing, live with family), and employment status during the interview. This information was analyzed with respect to data ascertained from interviews, meetings, and documents to see if it emerged as relevant.

Document Analysis and Meeting Observations

In addition, my data included analysis of documents, websites, and THC promotional materials. First, I included all documents, materials, and websites shared with the public to promote THC. Throughout my interviews, I collected additional documents, websites, and supporting materials that interview participants used and referred to for conveying THC ideas.

Throughout this process, I also attended and conducted participant observations at one THC meeting to collect data and to better understand the level to which CMs'

narratives are a part of the meetings. Participant as observer is “a data-collection technique that requires the researcher to be present at, involved in, and actually recording the routine daily activities with people in the field setting” (Merriam & Tisdell, 2016, p. 144). As part of each meeting observation, I immediately journaled additional field notes when the meeting was over and included them in the data as well.

I also collected handouts, flyers, websites, and any other information shared during these meetings. Throughout data collection and analysis, I simultaneously collected, coded, and analyzed data (Glaser, 1978, p. 36). Once all data was collected and analyzed, if I needed to check or triangulate developing findings, I was prepared to attend additional meetings or request additional documents, websites, or materials to do so.

Interview Questions

My main research question for this dissertation is: How are narratives of community members (CMs) included or not included in collective impact models, and ultimately used in organizational decisions? My subsequent guiding questions for all interview participants are:

1. What is your role within The Health Collaborative (THC)?
2. What is your experience in this region pertaining to health?
3. How do you think your experience is understood by THC? Or not understood?
4. How do you think your experience is reflected in decision making by THC? Or not reflected?
5. How do you think experiences, overall, are understood in THC?
6. How do you think experiences, overall, are NOT understood in THC?

7. How do you think personal experiences are utilized in decision making in THC?
8. How do you think personal experiences are NOT utilized in decision making in THC?

Each interview was about an hour in length. The interview flow was paced like a regular conversation and followed the interviewee's lead. As a result, interviews did not need to include every question. Some questions were naturally answered in the conversation, so all questions were not needed to be asked.

Additionally, when guiding questions 5–8 were answered only briefly or incompletely, I followed up with additional questions which, specifically inquired about the sample populations of (a) CMs, (b) CHWs, and (c) THC staff and coordinating committee. I asked about these different sample populations to encourage depth in the participants' responses and enrich the overall data collected.

Data Analysis Strategies

Through the data analysis, I followed Glaser's guidelines, which are described in the specific methodology section of this chapter. Using the constant-comparison method of data analysis, I also conducted a continuous analysis of the literature to see how the data fit with the literature. By collecting and coding personal stories, I sought to find commonalities that weaved together a community narrative. Through this process, my goal was to make meaning out of community narratives in collective impact models, understand how they are included or not included, and ultimately utilized in decision making.

Trustworthiness and Ethical Considerations

Ensuring validity, reliability, and ethical data analysis, I sought to utilize adequate engagement in data collection. Working five years in Danville, VA, and with THC gave me a unique advantage in deeply understanding data, emerging findings, and the local context. I needed to be extra conscious of this positionality in the interview process to address my biases, assumptions, and dispositions. Keeping a research journal of my experiences with my field notes was one way to check my biases. I also analyzed websites, meeting observations, field notes, and THC documents to further triangulate interview data.

Moreover, as a researcher, when my initial interpretation of the data did not fit, it was discarded. For instance, race, independently, did not appear to be a significant factor; rather, CM status was a significant factor, which includes disproportionately more minoritized races than THC staff and coordinating committee members. Through the coding process, the data is what was counted, not my preconceived notions. As a result, this process further counteracted my biases and misinterpretations.

To ensure I coded the data accurately, I also engage in member checking, which is “to solicit feedback on preliminary or emerging findings from some of the people interviewed” (Merriam & Tisdell, 2016, p. 246). I followed up with interview participants to confirm my accurate coding and interpretation of their interviews. If the participant disagreed with my understanding, I added an addendum to the interview transcript and changed the coding.

Since many interviews took place in February 2020 and several edits occurred in February 2021, member checking proved most helpful in providing updated information on THC processes. Several parts of THC were in the process of changing, like re-building the coordinating committee and the equity taskforce. Member checking confirmed that these changes occurred and provided additional context about the changes. In the cases of the coordinating committee enrollment and re-building of the racial equity taskforce, these changes preemptively addressed recommendations from this research, validating their need to be improved.

Another aspect of qualitative research that validates interpretations and findings from data is its buttressing of data with a literature analysis. The literature analysis is considered “not separate from the research but is a continuation of the process” (Brown, 2012, p. 259). Again, this process validated the findings from the data, reinforced the data’s trustworthiness, and counteracted my researcher bias.

Limitations

First, since qualitative research is not taught in K-12 schools like quantitative research, understanding the conceptual framework can be an issue for researchers and readers (Glaser and Strauss, 1967, p. 228). Thus, it is critical to teach readers and researchers about qualitative research as part of the dissertation and proposal process. I took time to explain my research methods to each interviewee and answer their questions, as well.

A second credibility issue that Strauss and Glaser found was describing data in ways readers can understand (1967, p. 237). The emerging findings and their connections

must be over-communicated simply with great detail and caution to ensure their comprehension.

Moreover, using a small sample size from a population and location where I work is valuable because I have developed deep, trusting relationships and perspectives over the past five years that hopefully will yield profound data and analysis. At the same time, there are also many risks. Previously-formed relationships are open to research bias. Participants may alter their statements due to their previous relationship with me. This is a risk, but I hope a deeper, trusting relationship will promote the sharing of data with more depth.

My former knowledge of the context may also be biased. For this reason, I sought to interview CMs that I have had little to no interaction with previously. Negotiating through these relationships was an important consideration. Building new relationships with people I already knew vouching for me, helped build trust. Nonetheless, it was crucial for me to negotiate relationships throughout the entire research process, especially with scheduling interviews and member checking.

Conclusion

In conclusion, I conducted a study to better understand how CMs' narratives are or are not included in collective impact models and how they are or are not utilized in decision-making. Ultimately through this process, I hoped to connect literature and practice pertaining to CMs' narratives and collective impact models. In Chapter IV, I share three profound examples of community narratives that play a role in shaping the themes and categories of the findings. In Chapter V, the findings chapter, I share

additional evidence of how these findings were developed and continue the discussion pertaining to data collection, its limits, and new research being utilized by THC.

CHAPTER IV

COMMUNITY NARRATIVE EXAMPLES

To illustrate how these community narratives are understood in collective impact models and utilized in decision making, let us review three examples. All three of these examples are from the Dan River region and heard in reference to THC; however, these examples or ones similar to them could likely be found in other communities and other collective impact models. The first is a community narrative that is often ignored and rarely makes it to the collective impact table in terms of decision making, if at all. This first narrative will be referred to as “People experiencing homelessness live here.” The second community narrative represents a negative stigma that persists in the Danville region. It will be referred to as the “Milltown mentality persists,” which also represents an “Us versus them” Postcolonial culture. The amazing thing about this narrative is that the Dan River region has not been home to a mill for over a decade; yet, many people of the region still use it as a defining factor of the present-day culture and way things work in the region. The third community narrative overtly addresses this assiduous “Milltown mentality persists” narrative with a positive community narrative and counternarrative that says, “Caswell Cares.” Meaning, all people in Caswell matter. The use of this counternarrative has empowered the people of Caswell to be more engaged in collective impact decision making. Unprompted, these three community narratives continuously presented themselves in interviews with CMs, CHWs, staff, and coordinating committee

members. Their frequent presence, alone, illustrates their cultural power in the Dan River region. Studying them more intently with a research lens using Black feminist theory, Constructivism, Critical theory, and Postcolonial theory, specifically analyzing how they are understood in collective impact models, sheds light on the implications of that power.

People Experiencing Homelessness Live Here

Personal Stories

Community narratives include many personal stories, individuals' "cognitive representations or social communications of events unique to that person" (Rappaport, 2000, p.4). To start to understand this community narrative, it is justified to understand some of the personal stories that collectively build this narrative, first. One personal story comes from how a CHW helped a former colleague on the brink of homelessness,

I had a client, uh, who was living without utilities for a year. No water either. Once you lose electricity for that long or even, you know, for extended time, they want so much in reconnection fee, late fee and deposit to make sure you, you know, it... costs thousands of dollars to get back on the grid and it was crazy. Yeah, that's really, really, that's, that's a big issue with the utilities. She got food stamps. Yes. But that's the one I was not able to pay for her utilities for a year because she'd just from one day to another, she had no income. That to me it's like, that's not right. That was not her fault. She was not on drugs or did you know, she had what? It was Guillain-Barré syndrome, which is like a very rare illness and is being treated like a cancer. Uh, I mean, and we apply for disability and luckily she got it in a couple of months and only because it's like a terminal illness, they move faster. Usually they deny you for the first time you apply. I have clients that it takes two to three years to get on disability and then what you got to do in between? Because there is no program in between that's going to help you.

This personal story showcases how a once working professional could quickly deal with the prospect of homelessness due to illness, loss of income, and slow responses from

government agencies situated to assist. This personal story also shows that even people that live in residences can still grapple with homelessness as they try to resist it.

I did not speak to a CHW that did not work with someone dealing with homelessness. For this CHW, he not only worked with homeless clients, but it also hit closer to home.

I had my own family, all the men, in hotels. Like they could live in, like a hotel, don't know what they're going to eat... all that. But for real, for real. Some people would not consider it homeless, believe it or not, won't consider it homeless. But homeless and everything became a huge, a huge issue, but again, what is homeless? A lot of people's definition of homelessness don't fit what's going on here. So it's, it's making it, it even harder.

This person's personal story about homelessness in the Dan River region includes many frustrations with manmade bureaucratic barriers with a special emphasis on people misunderstanding and misdiagnosing the realities at play due to a limited definition.

These two personal stories show how CHWs learned about homelessness through one-on-one relationships, personal experience, and first-hand knowledge. Influenced by Black feminist theory and Constructivism, these personal experiences are validated as knowledge and data for this research.

Personal stories, like the two above, comprise the community narrative that people experiencing homelessness live here. All of the CHWs found homelessness to be a major issue worthy of THC's attention and action because it needs to be addressed before one's health can be improved. This is supported by Maslow's Hierarchy of Needs which positions housing as a physiological need that is of greater necessity to be met by humans than health which is a safety need.

Misunderstanding the Community Narrative

When coordinating committee members were asked about the homelessness community narrative, they shared responses indicating their misunderstanding of its importance is due to the lack of tangible exposure. Three coordinating committee members respectively admitted, “you hear about it, but you really don't know about it,” “I know that exists in our world, but I don't really have a face put in front of it that often,” and, “talk to people actually doing it, like one-on-one, I think that they would have a maybe a different view how they approach things.” A coordinating committee member with some experience with people experiencing homelessness rationalizes how other coordinating committee members misunderstand homelessness in the region, by sharing,

If you've never dealt with, uh, someone that's homeless, you've never seen it, you know, no one in your family has ever been homeless, your first, you know, take is, wow! I worked hard to be where I am. Why is this person, why can't they do this same thing? But when you've had firsthand and, um, you've actually either been homeless or have seen family members and you know that it's more than just, you know, them being lazy, quote unquote. Um, it's more factors that play a part. That's really big. Um, versus someone that's never seen it and I feel like they would, they're not going to be as compassionate. Um, if they don't, if they don't understand it, you know, so I, I have seen it. I've actually heard conversations where, um, people would have said, you know, this is not an issue. This is not an issue! You know, homelessness is not an issue for our area, our region. You know, and it's like really? I mean, of course it's, it's probably more apparent to me because I'm working within the, you know, in this field. But at the same time when I'm driving to work, I still see individuals out, you know, on corners and things like that. So just to say it's not an issue for our area, and then to have individuals within a room that's telling you, Hey, this is an issue, then that kind of proves my point.

CHWs agreed that general lack of awareness by the coordinating committee is a major reason that this community narrative fails to land on the collective impact decision

making table. One CHW shared that he has been working diligently to bring the community narrative to people's attention. He said, "I'm trying to do this and that and to tell them like this is exactly what's going on in the community," but he expressed that he felt he was still not making progress. He identified some barriers to others learning about homelessness. One barrier is the dearth of coordinating committee members that have learned about homelessness through one-on-one relationships, personal experience, and first-hand knowledge,

If you don't see it for him, you really ain't gonna interact with a person that's actually going through it. I mean, you haven't been doing yourself. So how could he, how can it be if nobody's bringing it to your attention? How was it getting to your attention? And they ain't like they blast it.

On that note, he identified another barrier, saying, "That's not on the news. So how do you know about it? But if nobody's really bringing it to you like we need to... we need to do something."

Empathizing with people that seem to not understand homelessness, this CHW shares,

We don't have a lot on curb sleeping and stuff like that where compared to uh, an Atlanta or something like that where it's pretty obvious who's homeless and I feel like that's, I feel that's part of like, like an issue. Like it's not an obvious homelessness. Like they would probably not out there. They aren't going to be considered homeless at all. And then I, I know they put as if they pay for hotel daily, stuff like that, there'll be, that'd be considered a more homeless than a person that's in a house with already ten people sleeping in a corner somewhere. They can say they homeless before that person would because they in the house. At the end of the day they in that house, I can call. So getting the definition changed or understanding this is really homeless and widen the definition of it. What will it cost?

Looking to local, state, or federal reports for the Dan River region, also tend to lead people to an incomplete analysis of the region's homeless population. Several CHWs complained that the current definition of homelessness does not accurately count the many people grappling with homelessness. One CHW says,

with the battle with what is homelessness: Homelessness is you don't, I just kind of say, you don't have your own, if you don't have a concrete place of living establishment, I feel like that's homeless. But a lot of people, a lot of organizations or whatever have homeless is straight up on the curb. Not nothing... that's homeless.

These disparate definitions of homelessness is another barrier for collective impact model members to understand this community narrative. Many CMs understand the urgency of homelessness because they see it as housing insecurity, which includes couch surfing, hotel living, and residing in overcrowded, deplorable conditions. However, CHWs have witnessed that when people are removed from direct experience with homelessness and define it as "living on the street," they misunderstand the reality of homelessness in the community narrative.

One CHW said, "a lot of times decisions are made based on statistics and more or less not reality." And, if the statistics are only counting people on the street, they are not accurately assessing the number of people that are housing insecure. A different CHW ventured to guess, "in their perspective, numbers, numbers are probably triple, quadruple." Understanding homelessness in the Dan River region by statistics represents a systems approach. With this specific systems approach, the homelessness community

narrative is being overlooked and not fully considered by the coordinating committee of THC.

These contexts or disparate definitions of homelessness also showcase how context matters and can lead to disparate understandings of community narratives. It also leaves CHWs asking, “who can change the definition and to what definition? That is, be honest. It won't make things increase. The homelessness won't increase even more. Because like I said, it's just, people just have so many definitions for homeless.” Solutions, like this one, are commonly developed by CHWs because they are inclined to address problems they face everyday. But, like in this instance, CHWs can be unsure about who to communicate the solution to or how to make it happen.

Moreover, one CHW shared that some collective impact model members have homelessness brought to their attention, but can remain skeptical of its prevalence and realities, saying, they are

Not as aware of because a lot of times when I talk to people, you know, this is an issue. They say, what are you talking about? We have section eight, we have public housing. Isn't there programs in place? Yes, there are. But I mean, you know, in order to get into public housing, the application package is this thick. You know, you have to fill all of this out. Then they look back into your rental history and there you miss one rent in 2000 and whatever, you know. They don't want to rent to you. Or, you have any, like I said, a criminal record or whatever. So, you pretty much done. Section eight comes open once a year and then, and you're on a waiting list for another four years maybe. I mean, yeah, there's a program but you don't get in.

Another CHW more simply shares, “people know it is an issue. They just maybe overlook it.”

Understanding the Community Narrative

To avoid collective impact members overlooking homelessness, several CHWs recommended that staff and coordinating committee members go out into the community with CHWs. One CHW said in terms of coordinating committee members, “some of them really need to get out here a little bit more in some of these neighborhoods that they have never been into to really relate to what's really, you know, what's the hold back for some of these people here, residents here.” I mentioned this to two coordinating committee members, and they shot it down due to liability and insurance reasons. This immediate rejection of an opportunity to directly understand a community narrative represents how discomfort, assumptions, and fear can lead people to prefer indirect communication. Moreover, using liability and insurance reasons as an excuse is an example of abstract liberalism, which is discussed in the Findings Analysis.

Another solution to increasing understanding of this community narrative would be for CHWs and CMs to have more opportunities to share their experiences with THC. One CHW thought such a minimal effort could make a big impact, saying, “at least conference more with just us and let us talk to them more openly about what's going on. So I can't really, I mean, I know we do have collab, but, um, I can't remember a time where we actually sat with just, uh, actually explaining what's going on. I know we give like little inklings of different things that we deal with, but not really talking about the experiences of what was going on.” Another CHW expressed an eagerness to, “let people know what we do. Um, the client stories, it can get more people involved to help ‘cause

this is a big issue. Homelessness, mental health issues, transportation, the list goes on a lot of things.”

One staff and coordinating committee member validated sharing experiences over technical knowledge by saying, “talking to the audience and actually sharing information, sharing shared experiences, they kind of get that more than you just telling them, Hey, this is what I learned in school. So it's relatable.” And, another staff and coordinating committee member agreed with the success of this CM storytelling strategy, saying,

one time that we did do this well, um, in a more formal way is the health summit (THC's hallmark annual event for about 300 people from all walks of life, including funders). Two years ago, not this last year, but the year before that. And, the year before that, we had these Ted talks and we had community members who were part of projects that the health collaborative had kind of sponsored or had initiated, came up and talked about their role and their experience and why they believed in what they were doing. Um, and that was, I mean by far, everybody loved those sections more than anything else. Like we had a community health worker client who had struggled with major anxiety and came up and present in front of a hundred people, you know, and it was like tears in the whole room as she told her story.

Considering the wide appreciation of these CMs' storytelling, why was the platform only last provided two years ago?

Support exists for such a regular platform for CM experiences. A CHW called for THC to, “provide a platform for community to voice some things.” One coordinating committee member expressed the committee could do a better job of, “listening more, hearing more community sessions, um, about it, there's really no way to replicate the experience.” And, another coordinating committee member suggested, “every quarter or

so, tell a story, uh, at the collab or something like that might be good.” When asked why that has not been accomplished, that coordinating committee member said,

Like anything, you just have to remember to do it and make it a priority and know we've, we share their story a lot, but I think there's a lot of people still that could hear it, you know? Um, and then people that need a refresher.

So, although THC might want more community member storytelling of stories and narratives as part of their collective impact model process, this coordinating committee member says they have yet to prioritize it. Moreover, that same coordinating committee member also voiced fear and hesitancy in asking CMs to share their stories with traditional leaders, saying,

I think that most community health workers are good at what they do because they are coming from those tougher areas. That is, that typically isn't the audience when you're at American national bank, Sharing to the, their executives, that could be a health worker being able to go in that setting and share the story. It's hard, you know, for multiple reasons. Um, and so I, I think they are... polished isn't, isn't a good word. Yeah. They're, they're frontline guys doing frontline tough work. I'm speaking at a higher level or a gathering of executives. Uh, I don't think that's fair to ask of them.

In other words, CM storytelling is not happening because 1) CMs are not being asked to share their stories, and 2) one reason they are not being asked is because of fears surrounding their ability to interact with certain audiences, despite past success at the annual health summit. Reasons such as these are why indirect, or even zero, communication is more prevalent than direct communication for community narratives. It also shows how community narratives can come to be not prioritized in collective impact decision making.

Without a clear avenue to communicate their stories and narratives within THC, CMs still take ownership of their need to share their experiences to make a difference with issues they care about. One CHW shared that, “community members need to start sharing the story, but then it's also other people need to start listening.” Another CHW explained, “It's like getting aware and it's a plus having the right people speaking it is even matter of course to get the right listener.”

These CMs are motivated to communicate this homelessness narrative to anyone that will listen because their own eyes have been opened by working with the homeless population.

There are people that speak out. I feel like it's people that are starting to speak out that this is getting the right, the right ears to listen. Cause I just feel like at one point people didn't understand that people, there's a lot of people out here that's choosing between whatever and whatever, because I couldn't understand how people have jobs. Two jobs a day, still be homeless.

Several other CHWs echoed this sentiment of gaining a new perspective regarding homelessness in the Dan River region and wanting to share it, even using the term “eye opening” multiple times.

One major win is that there is a group of people that have started to listen to the homelessness community narrative from the CMs and CHWs. This group is other service providers in direct communication with people experiencing homelessness, like doctors and nurses. This group is not technically included in the THC structure. One CHW said,

Community health workers, we supposed to focus on health, but we're not really focusing on health these days. We're focusing on like household, you know, daily life things that's what the doctors' offices are coming to us about. They're, not

coming to us about, Oh, see if we can get them to get their colonoscopy done or a mammogram done. Now they're contacting us saying, Hey, we've got this person up here. They're homeless. What can you do for them?

Regarding conversations with CMs and health care providers, another CHW voiced,

when we talk about, um, health, you know, we have to talk about it in a whole, it's not just about going to the doctor or focusing just on your chronic illnesses. Um, because if a person is homeless, they're not focused about diabetes, high blood pressure. If anything, all of the stress that they're experiencing, they're producing a hormone that's making their chronic illnesses even worse, if not bringing on more chronic illnesses. So, like stress plays such a major factor when it comes to chronic illnesses. Um, so that's not their focus. You know, their focus is trying to find shelter.

And, another CHW said,

I think the connection is, is it started to be seen because it is a, it's a struggle to get, a lot of people don't understand... I don't think people understood why people won't get into appointments, taking the medication, stuff like that. And then when they do, Hey, you got to start doing this and that, but, how? when the person can't afford everything. And I think now it's starting to be seen that there is people that's going through the struggle is choosing between staying healthy or staying with a roof over their head. And that's, that's become the issue. And I feel like now it's starting to be seen. It's, it started ready to be seen because it's been in cases where people has gone off without taking that medicine because they got to keep up the light bill, they got to keep over food in the house. Sometimes the food don't even, don't even meet it.

These testimonies show that community narratives are more easily understood by direct communication, as has been evidenced by CHWs and healthcare providers, than by indirect communication like with statistical reports on homelessness populations.

However, grassroots groups that are based in the community, like Community Advocates and Opportunity Neighborhoods, have also more easily understood this homelessness

community narrative because of direct communication. The main difference between THC and these grassroots groups is whether community narratives are prioritized or not. One CHW showcases the difference by saying,

There are people that are, that will be vocal. You just have to find them and that are, um, that want change in their communities. And regardless of, you know, any, um, circumstance, if, you know, if they see that it can provide change, they're going to do what they can to make sure that they're there. Um, it's just a matter of finding those individuals and we've seen them, you know, like with the community advocates, you know, they are doing amazing work within the neighborhoods. Um, Wendy's group with opportunities and neighborhoods. You know, that's a prime example. So I think it's possible.

While communicating with direct service providers and organizations prioritizing community narratives has been more successful in terms of understanding and trying to help people experiencing homelessness, CHWs are derived out of THC and are funded because of THC and its supportive funders. So, CHWs continue to try to communicate this homelessness community narrative in a variety of ways to THC and the coordinating committee. One of those ways is through middle liaisons. One CHW expressed their ambivalence for being a middle liaison, so long as they can help someone learn more about the community and homelessness; this person said,

Nothing wrong with going through a middle person, you know, so maybe they may have to have that community health worker with them to deal with that client or to better talk with that client, or get that client to come out.

Another CHW warns that liaisons are good, but not a replacement for in-person experience,

A lot of people just in the office, it's pretty much they kind of think what's going on. They might listen to this and that and they assume what's going on, but sometimes just getting out there, actually seeing what's going on, I think it'd be, I think it would be even better.

In a similar vein, a coordinating committee member suggests to only use liaisons if it is an eventual means to direct communication, by saying,

Start off as having that middle person. And then once you do figure out what's going on or how these changes can be made, then bring in that person that's experienced in it and allowed them to, you know, help like their voices matter just as anyone else's, you know, like, and you never know like that could make them want to change to help individuals that, you know, once they overcome their challenge to help individuals that are going through that. Um, we learn a lot.

One such positive example emerged when a CHW liaison brought together a coordinating committee member and a community member experiencing homelessness to gain a greater understanding and response to the community narrative. The respective coordinating committee member shares this teamwork experience by saying,

There was a homeless person living out of his car, had no, uh, you know, if you, if you're living out of a car and you don't know where your next meal's coming from, you don't have a place to sleep, the last thing you're going to be able to worry about is: do I have a good PCP relationship? Do I? You know, there's things that are absolutely essential that this person has to worry about. And we were running into bureaucrat... our community health workers were running into the bureaucratic stonewalling that, well, we don't have any more free housing vouchers for homeless. And I guess it's HUD or whoever oversees the section eight housing. Anyways, so they're coming and saying, this is crazy. There's rooms that are empty in the housing and yet we can't get a voucher because there's an arbitrarily, you know, decided number of vouchers. So we brainstormed about what should you do, how do you try to change that? And M. went with the community health workers to the HUD board meeting, and I'm not using the right name. (I offered, "In Danville with DRHA."). Yeah, exactly. And they went there and shared their story and the people on the board said, well, why don't we have more vouchers? And the administrative person said, well, you guys just have to

vote that you're going to say, okay, it's not eight, but now it's 10 or 12. And they said, my God, this is such an easy fix, but they had to fix it. And our guys, you know, community health workers aren't, aren't used to going in front of people like the DRHA. So that's just a good example of we were able to change the system for everyone's benefit, um, and point them in the right direction. M. did more on that than I did. But I think that's just a good example of the kind of things we can help with.

This coordinating committee member further shared how this teamwork success was possible because he frequently speaks to CHWs and asks them to share community narratives with him. The coordinating committee member also shared that he is able to make this intentional effort of soliciting community narratives because there are CHWs that share working space with him. He admitted that if it wasn't as easy as walking 30 ft to talk with coworkers that he might not do this willingly. He also added that it could be plausible that he is the only coordinating committee member that exercises this type of narrative solicitation, even though he thinks many would consider it part of their responsibility.

Communication Channels and the Community Narrative

The lack of community narrative solicitation by the coordinating committee was confirmed by other coordinating committee members. One said,

We've kind of had a little bit more hands-off role with the direct communication and when I'm thinking with my coordinating committee hat goes on. Um, and I think that we've allowed, you know, the, the action teams have a lot more of that direct input into that type of work.

When further prodded to share how community narratives are included in decision making, this coordinating committee member felt that it came from the committee members' experience. Saying,

I do think that it is balanced that they, there are people in there that have either enough experience with clients or have had personal experience that, um, that do kind of point out when there's going to be those kind of intangible barriers, but maybe not all the time, or maybe not often enough.

This perspective is representative of the trust that many coordinating committee members hold that they are adequately communicating with CMs to understand their needs, ideas, and, ultimately, narratives, despite potentially overlooking barriers some of the time. Interestingly enough, this same coordinating committee member further shared that “sometimes in conversations, people try to prescribe solutions that don't make any sense to someone doing it day to day.” Equipped with the sight of inaccuracies in community narrative sharing, this coordinating committee member consistently held true that no extra solicitation for community narratives was necessary and felt THC's current collective impact communication structures were adequate. Such a desire to affirm current THC practices and avoid changing operations underscore groupthink as an issue facing the coordinating committee.

Despite several coordinating committee members trusting their unit's ability to read the pulse of the community, many CMs do not share this trust. One CHW feels their story does not carry any weight, by saying,

I know we attend the meeting and things but from my eyes, from what I've seen, I've been to enough things where there's a thing where one or two of us are on something doing more input of anything. I just feel like I'm just a part of a group.

Another CHW shares her frustration with an inability to see whether community narratives and CHWs' suggestions to address homelessness are indeed shared and considered,

All these different projects that, you know, everyone's brainstorming about. But you know, we don't see no follow through so we can put it on a checklist like, alright, we finished with this and we're gonna wait to see some results from it if it worked or if it doesn't work. All we have is a bunch of ideas and no plan.

And, yet another CHW has, “a lot of clients that are vocal, you know, and then I've been in contact with people that get frustrated cause they don't know what's going on in the community.” In short, even if CMs and CHWs work hard to voice community narratives to THC, they grow frustrated because they do not witness any evidence that what they say is being considered by anyone else in THC. And, there is no clear communication channel for CMs and CHWs to follow up on the progress of what they shared.

To address this lack of transparency in THC, many CHWs think a CHW should be on the coordinating committee. One CHW said, “it should be at least one community health worker on some type of committee, if not two. Just so we can always keep throwing it out there like okay. I think coming from a community health workers perspective...” One coordinating committee member felt more CMs should be invited to the table, saying,

Think it's very vital to allow community members to come to the table as well. Um, you know, you don't have to have a PhD or you know, a high school diploma even to, to tell. I mean it's kinda like just common sense in it's, you know, just to tell your story, you know, or what's going on in your neighborhood. You know, I feel like that is also that something is left out.

This coordinating committee member thought CMs on the committee would be a direct way of communicating community narratives, but also a relationship building opportunity. Saying,

You have both in the room learning from one another, you know, and then building those authentic relationships that's gonna allow this to be more impactful, you know, because you're, you're learning, they're learning. Um, the community members are learning who they are and the roles that they play.

Some coordinating committee members found it unnecessary for CMs to join their committee. One reason being because the committee needs people with the know-how to focus on “structure and funding.” Yet, if the homelessness community narrative was better understood at the coordinating committee level, it could have positive impacts on THC’s and the community’s “structure and funding.” One coordinating committee member shared how better understanding the homelessness community narrative changed his perspective and decision making. He said, the community narrative

helps you realize what people might be dealing with. It's very easy. You know, I started talking about accountability and personal accountability. I mean, that's nice to say, but me telling personal accountability, this guy who's living out of his car and doesn't have any food, you know, he's just trying to keep his head above water until, you know, so it's very hard for someone like that. And so speaking as a person of accountability, I'm talking about those, uh, those of us who have taken it for granted and you know, are overweight or smoke or doing things that we know aren't right, not the people who are barely subsisting, you know, they're just trying to survive. I think it's a different story. Um, yeah, not really talking about

that kind of person, but, uh, it helps me to see that because then that, that helps me remember. There's a lot of people that are barely getting by.

In other words, this coordinating committee member better understood the “people experiencing homelessness live here” community narrative, and it changed his perspective. This change could ultimately impact what is decided and how decisions need to be implemented. Better understanding the homelessness community narrative, one CHW said, the coordinating committee has

power to change something like (the homelessness definition). But at the same time, uh, I, I don't know if it'd be a huge, even more burden of, okay, we're going to change it right now. What is we going to build a whole different community just for homelessness?

Improving direct communication by bringing more CMs and community narratives to the coordinating committee could change decisions. According to one CHW, one suggested change could be,

with the different things they are bringing to the community and they're bringing to the city, they're good things. They're good and fun things, but it's not what we need at the moment. Like the money could go to other things like a homeless shelter for women and children because we don't have that.

CMs' lack of appreciation for “good and fun things” is supplanted by frustration of more pressing communities' needs, like addressing the homelessness community narrative.

This frustration is also influenced by another prominent community narrative, the “Milltown mentality persists”/ “Us versus them” narrative. Understanding community members' experiences and personal stories as part of community narratives and this

research was motivated by my research lens supported by Black feminist thought and Constructivism. Not considering community members' experiences, personal stories, and community narratives would have left me in a comparable state to most THC coordinating committee members, which is unknowing of the significance of homelessness in the Danville region. In this example, people experiencing homelessness and many of the CHWs that directly care for these people have little power or influence to bring the community narrative to the consideration of THC, in general, and the coordinating committee. Critically, the people trying to communicate this narrative experience powerlessness in influencing the power center of THC and the coordinating committee. To better understand this power dynamic, let us take a closer look at the "Milltown mentality persists" narrative and its impacts on collective impact decision making.

Milltown Mentality Persists

Danville had a long history of economic prosperity that is often attributed to its successful textile and tobacco businesses. These successful businesses brought monetary wealth to leaders of these industries. These business leaders also developed into community leaders that made many decisions for the region. When people of the Danville region refer to it as a "Milltown," this idea of a few wealthy, powerful white men running things is what comes to mind for this researcher and many CMs. However, it should be stated that simultaneously there is also a strong contingent of people in the region that refer to it as a "Milltown" favorably. They believe that when the mills were at their prime was the heyday of Danville, and many people wish to return to such a time. Moreover,

there are many people that hold space for both interpretations of this narrative at the same time. These people take pride in being from a historic “Milltown,” but also look forward to a future where more than just a few powerful White men can be influential.

This Milltown mentality aligns with Postcolonial theory. The theory explores a similar aftermath of Colonialism, a time when a few powerful White men exerted power and influence over many minoritized people. When rule of the Colonists, or few powerful White men, ended and power was ideally supposed to return to the minoritized people, the power structures at play persisted—a few powerful white men remained in power and the majority of the citizens remained minoritized and marginalized. Danville’s post-Milltown life is similar to Postcolonialism in this way. Additionally, with a Critical lens, it could be said that there are a few traditional leaders with power over many people without power.

Personal Stories

Some personal stories from my research reflect these perceptions of the “Milltown mentality.” Such as,

My dad was one worked at Dan River (the mill) since when I can remember whatever. When they shut down, you can tell it, it crushed a part of him. And, you know what I'm saying? To the point where he passed away, like I felt like it played a huge factor. And should it? Maybe not. But sometimes a job stuff like that is people's daily goal. Like when that shut down, it crushed a lot of people and a lot of people you come across and in a state of help, now I do understand they was, they was working in that mill, believe it or not.

Most people in the Danville region look at the closing of the mills as a sad turning point for the region. One CHW said, “the mill shut down Danville, that's when I felt like

this went down, like pretty much declined.” And, another CHW mentioned, “when Dan River Mills left, I think that was the, it was pretty much the backbone of Danville and I felt like that it crushed it.”

One CHW shared frustration with people that gaze upon the past as Danville’s glory days and comment on the present with gloom and doom.

I hate when people would say like, Danville is a bad place. Like my professor used to be in the parks and rec program here. And when I told him how Danville was versus how Danville is, you know, he told me how Danville was when he was here and how it is now. He was like, “No, that's not the Danville I know.”

This CHW has found that, “They saying, ‘Danville is a bad place. I think nothing's going to change. It's just going to stay the way they are.’” This personal story evokes a nostalgic view of Danville’s past that many CMs hold and desire to return to it.

Whether intentionally or subconsciously, this “Milltown mentality” is often accompanied by a desire for a return of an oligarchy of powerful White businessmen to govern the town. Generations of people from the Danville region grew up under this type of positional power structure and know of little else. In relation to collective impact models and THC, this can be seen as preference for a top-down leadership structure or what some call “traditional.” One coordinating committee framed it as,

Our role it's very traditional, like official needs assessments and getting like, uh, you know, statistically valid surveys and blah, blah, blah... There's a lot of like more of that traditional frame and structure, which is considered community engagement. like people's definitions vary a lot of like, um, so it's hard to, even when you bring up I think is the collaborative. We use terminology loosely, um, or buzzwords like community engagement, like in this and that. Um, but what do you actually mean?

This statement shows a “traditional” camp that considers community engagement to be in terms of surveys, statistics, and needs assessments that are conducted in order to learn about community and govern upon those lessons. Needless to say, this “traditional” structure and systems approach does not take community narratives into account. Generations of living under this structure develops an associated mentality and community narrative that there is a “them” that governs and makes decisions for “us,” the people. In a way, the “Milltown mentality” transitioned to an “us versus them” community narrative when the mill shut down. Such a mentality and community narrative are pervasive. It impacts collective impact models, but also all aspects of life. This mentality and community narrative of “whoever supposed to keep up with this stuff” not taking care of consistent neighborhood problems came through in this CHW’s personal story.

The road conditions around the neighborhoods, like... People look at the world saying, Oh, no, they don't care about people over, you know, don't care about these neighborhoods now. And, don't care about these roads in this certain neighborhood because you can't ride down one day... The streets is fresh from that month in the next two months, then I can ride down this street and it's been broken and no road for almost 10 plus years. Like when it comes to believing and... do you know what I'm saying? When we asked him, do you think the community believes that the help is coming? That's a prime example. They can't, they'll never think so because it can be as small as that, but it's pretty obvious. Like they don't get by. It's the streets has been looking the same since... It's like streets that don't get a lot of traffic, and like it's Destroyed! Why? And, we know for a fact the city workers or whoever supposed to keep up with this stuff. You know, it ain't like they not even been through here 'cause they been, they just worked on that. Yeah. So, I know they see all of this and when they see when it's snow and they got to clear the streets, I know these same people see this stuff. Eh. I feel like that's a big, big example of why they don't think help is help. It's really possible to get because look at our streets, look at our neighborhoods, look at, I know they finally made a sidewalk over there in Holbrook, Holbrook Stokes connection where I know a sidewalk been destroyed because my my Mom

actually moved in there in the house right down on the corner until I pretty much went to college and they just fixed that sidewalk maybe early last year as though. It was destroyed for like 10 years. Yeah, sure. street still destroyed. Working on the streets, several times, and still ain't fixed. Just put in what they do in these neighborhoods is what a lot of people, you know what I'm saying, to do with different stuff when they ain't transmitting the money, patch it up, put a Band-Aid on. And, there's a lot of times they patch up that little spot. That spot already broken up! And, yeah, that's going to be another two years from them. Patching that spot. By the time they do that spot, there's five of them broke off again. So, I feel like hope is for people to believe in... that hope is people to see that hope happen.

This CHW has an expectation of some entity to track and fix neighborhood problems. He is very passionate about this very legitimate complaint that likely impacts many people in the neighborhood. And, it is likely exacerbated when considering the fixed streets and sidewalks of adjacent neighborhoods. Yet, despite all this passion, the CHW never sees it as *his* problem or something *he* can play a role in fixing. He does not even see it as a communal problem. He sees himself as separated from the entity or system that fixes such problems. Instead of using the energy he is dedicating to his frustration, he could use that energy to report the problem or advocate for solutions. Granted, these problems are not his direct responsibility, but of a democratic system that fail to meet community needs. However, two major problems stand in his way in democratically engaging for solutions: 1) an unclear or unknown communication path to fix the problem and 2) a learned dependency/expectancy of a different entity to lead and resolve issues.

Another CHW personal story showcases frustration in how “they” spend money in Danville and their inability to address community needs.

A lot of the things that are building up around here in Danville, such as like the new splash park that we're getting. Um, the money that they invested in the bikes

that you can like rent out or put your card on, like all that money and investments I think could went to something else, which is like a greater need, like building up the community. If everyone's all about the communities and bringing health awareness and building communities and starting with the kids, why not bring or invest that money in something that will be beneficial to the children or to the families, something more logical. Because a lot of people in the inner city, they can't go to, you know, where they have those bikes at, and they're not, they don't even own a credit card, you know, and in order to use those bikes, you have to put one down, you have to use your debit card. So, it's not a luxury that's gonna help benefit them or make a healthier them. It benefits people who have transportation to get there and who has debit cards to use that.

This CHW was even more frustrated because, daily, she sees the need for a homeless shelter that provides services to women and children. As a Danville resident, she does not feel any ownership for the municipal money being spent or the decisions being made in Danville. She feels there is another, disconnected entity making these decisions on behalf of the community. Moreover, the “they” making the decisions caters to their own privileges, like owning transportation and debit cards; while, the community at large without transportation or debit cards does not benefit and continues to suffer with unmet needs. This creates an “us” community that is frustrated with a “them” leadership. Even if democratic pathways to partake in these aforementioned decisions exist (which they do), they are not recognized or utilized by CMs in these personal stories, mainly because they feel like that is a role for “them,” not “us.”

Danville, the region, and its people have a long history of living with this “Milltown mentality” and “us versus them” community narratives. In interviews, THC has shown some successes in counteracting it and some ways of perpetuating it. The majority of successes came when THC members considered their contexts and actions more deeply. As mentioned previously, being more intentional about terms like

“community engagement” and demystifying its multiple interpretations is one way.

Challenging the “them” of “traditional” leadership and more closely considering

“authentic” is another way. This coordinating committee member explains it as,

I think it's been pushed a lot in recent years to like really get some of that authentic, and authentic meaning like actually going to people in the community and not just sending out like a survey through the mail or something... And I'm having some relationships built and spending time, it seems like it's like if you're going to do it the right way, you need to spend time building those relationships in the community, getting quality representation, um, before you ever go on and start asking any kind of question.

Every interviewee believes CHWs are successfully engaging in this type of authentic relationship building. One coordinating committee member contextualized how these relationships can start as unstructured communication and transfer into decision making in THC.

Having some of those just casual conversations that, you know, and especially if it's somebody I have like built relationships with like, Hey, what's going on? Like, how's this thing going? Like, what are you seeing in the neighborhoods? Like, what do you like, what do you need from us? Like, it's more of that kind of like check in. Like, you know, we can have those periodic check-ins and where I can kind of use that information to then like, all right, well maybe we need to shift this or we need a new service or we need to bring this type of program; I know that guy, like he's been here and then the next time it's like he's been here before, you know, like, and then maybe they become comfortable enough that we can talk about stuff that's going on.

Another coordinating committee member recognizes this type of communication as breaking down the “us” versus “them” barrier, and considers it to be one of the best things that THC has invested in. This person also recognizes some of THC’s failures in not implementing this strategy, saying,

The community health workers, um, by the nature of their job, they are in a constant nonstop engagement. You know, they're talking to people, they're finding out needs, they're finding out wants, they're helping them redirect then provide services, I get things that they need. Um, if there's a way to look at how that process could be implemented in other projects. Um, you know, it's kind of like, I think one of like our biggest failures in healthy spaces was when we made this naive assumption that churches would be the easiest place to do our Thrive initiative.

In the end, the Thrive initiative did not meet any success by working with churches because the church communities did not want to change their behaviors pertaining to health. This further illustrates that THC finds more success in directly communicating and understanding community narratives, especially more so than *assuming* what they might be. Many THC members were excited to expand on CHWs' direct communication strategies in the community but were derailed by "us versus them" in action. One staff and coordinating committee member explains,

Some great examples were kind of the community ambassador programs where people are paid a stipend to bring their shared, their lived experience into the conversation and that of their friends and neighbors. That doesn't go over very well here for some reason. That I'm not totally sure about that. It has appeared to work really well in some places. And, we saw it in New Orleans when we went. That the Friends of the Lafitte Greenway had neighborhood ambassadors in each of the neighborhoods along the Greenway... at DRF rather than health collaborative... Um, the health collaborative voted after New Orleans that that was, um, one of the highest priorities. Um, generally the idea of much more authentic community engagement. Um, but they really loved that program in New Orleans. And, how could we do something like that? I don't know if our board is more conservative than I realize or I don't even know why that would be a conservative thing. Um, but it's kind of like if you start paying people to tell you what they think, you know, almost it's... I don't, I don't really understand that argument, but... And, we haven't brought it all the way to the board level by any means. It's like I'm moving up the chain, so yeah... There's only one person up the chain now. Yeah. Um, it's like he just doesn't think the board will buy that. It's probably just like a lot of other issues were having is people don't like people thinking, you know, like the whole pie meme. Like, when you give other people

power, you don't lose it yourself necessarily. You know what I mean? I think that the perception is, and nobody would say that out loud, but you know, I like being the one everyone goes to, you know, for my opinion and to endorse ideas.

Fortunately, upon member checking, this staff member reported that the Community Ambassador program was approved for funding in January 2021. While the funding of such a program that uplifts community narratives is certainly a success, the two-year delay and difficulty in approving a THC priority is evidence of the “us versus them” community narrative in action. This testimony shows THC as the “us,” and the DRF CEO and board that are “up the chain” as “them.” Despite an overwhelming number of THC members wanting to prioritize and enact the Community Ambassador program, it failed to become a reality for two years because it was not approved/funded by “them.” Even though the blame does not lie at the board’s feet for they did not have the opportunity to learn about the program for two years, the CMs do not see that nuance since they are not in these decision-making rooms, so the “us versus them” community narrative endures. For two years, the THC CMs only saw another off their priorities not coming to fruition for unknown reasons belonging to “them.” This was the CMs’ view because they were left with no way to inquire on the initiative’s progress.

A different coordinating committee member identified this hurdle as, “one of the biggest things is even just the internal, like, allowance or permission to do projects or certain things. Like it's part of like that approval process.” In other words, the need to have community priorities approved by a “them” disempowers the “us.” It strips CMs, or even THC in this case, of their autonomy to act on priorities, and sows a feeling of

inferiority. When this coordinating committee member was asked, “why not just start an initiative on your own?” This person replied,

Walking the walk? Um, yeah. And I don't know if that's just by nature of it is a coalition, a collaborative. Somebody would kind of almost have to volunteer to start doing these things, which then takes more of their time and then, you know, how does that work?

In this vein, a tendency to propose things, but not act upon things is a rampant problem within THC. Owning one's own or one's community's problems and being a part of the solution can be very difficult for THC members. Many THC members seem to be waiting for some “them” to solve the problem. For example, one coordinating committee member said,

We're exposing ourselves and I think that's sometimes the hardest step forward. You know, it's kinda like when you, if you're having a personal journey and you're like, I've got to work on this, I've got to do it. I think the ownership and stuff sometime is very difficult.

One coordinating committee member recognizes this problem and recommends that THC members could start walking the walk to solve it.

We preach and talk to people and tell them how important it is and everybody understands it. But we don't actually implement that practice. A lot of the people who are like the practitioners, the people who are in the collaborative and the people who are going out and talking to community members or educating community members and if you're struggling through health issues yourself, um, you know, you can help, you can relate to people, but also like what are we doing for those people as well? We put so much focus on everybody else that, you know, it's, almost like we need to close that gap a little bit on what we're doing for members as well as the community because they're members of our community.

At the end of the day, you know, every single member of the collaborative is a member of the community.

Another coordinating committee member echoes this sentiment, saying,

I still think that we probably don't support them in the capacity that they could be supported. Um, because a lot of times if you look at like research and stuff, a lot of times like providers or practitioners who are providing this type of stuff or they're like the ones that always, it's kinda like if you, if you work for a maintenance crew or a lawn maintenance, like as a profession, your lawn probably isn't gonna look the best. Cause when you get off of work, there's the last thing you want to do is go home and do more yard work, you know? So I almost wonder sometimes about that concept of like, we're sending people in nonstop to deal with all of these things and all this stuff, but there's not the provided support system for them when they're not in that context because really they're aware of it, know it goes back, they're fully educated, they know. Um, but is there anything that's helping, helping shape them?

These coordinating committee members understand that there is a major opportunity for THC to improve community health outcomes by improving individual health outcomes for THC members. Rather than discussing how measures can be helpful for other people, these coordinating committee members believe supporting THC members in owning their journey is a difficult, but important step that is being overlooked. This would be a major cultural shift. The “Milltown mentality” and “us versus them” community narrative implies someone else is responsible for solving community problems. If THC focused on empowering THC CMs to solve community problems, it would change the narrative to many people saying, “I can solve for individual or community problem with my community supporting me.”

Identified by coordinating committee members, “simple things like once a month walking groups,” “provide water at your business for meetings versus sodas... like one of

the easiest solutions,” “half an hour blocked out three days a week to go for a walk or do something,” “have a kickball team,” and “host speakers on anxiety or depression,” are varying multiple approaches that can address this community narrative shift.

Interestingly, for the past two years, the Community Advocates residential group at the Danville Residential and Housing Authority has already been providing a monthly speaker series with about 30 residents in attendance each time. This coordinating committee member’s call for these programs when they are already happening is further proof that community narratives are not making it to the coordinating committee. This is another reason CMs that can directly communicate these successful approaches and community narratives should hold positions on the coordinating committee. Rather, lack of community member representation on the coordinating committee perpetuates the “us versus them” community narrative and exacerbates disparate understandings of what is happening in communities.

Counteract the Community Narrative

One coordinating committee member conceptualizes how inviting more CMs to participate on the coordinating committee would, not only counteract the “us versus them” narrative, but also address committee oversights and improve the committee’s insights.

We don't have any just at large, like what I would consider a true community member. Not somebody that I'm just using this example of it sits on the chamber or the bank or you know, whatever. But somebody who lives in the neighborhood and different, you know, demographics represented, but true representation of people who can say like, Hey, I understand what you're doing, but this decision you're making would affect my community like this and that. Um, and I know that sometimes committee engagement's looked at on this big picture, like in all, um,

cohesive, like are you getting everyone's opinions and thoughts before we make decisions? But I think on a, especially when you look at like boards or like the coordinating committee, having several people who truly represent the people we're serving be a check and balance for us is very important because it's easy for us to live with blinders on and you know, kind of make some of these decisions.

The absence of CMs from THC coordinating committee is astonishing since its mission and members are dedicated to serving community. A staff and coordinating committee member explains how this oversight came to be.

I vividly remember the first meeting we had at the chamber with everybody who was there and it was the planning director, the representative from the hospital, and they were all organizational representation. And, so then once you get rolling in that fashion and people move into leadership positions, I mean it's great because people really thought what we were doing was important and it was working so they don't want to back out and they dedicate a lot of time to it. And, so you don't also want to kick people out. But I think what we're getting ready to do is kind of have to kick people out because you can't have more than 15 people on a coordinating committee and the camp all look the same and they can't all be director level positions in organizations. So, we're thinking about it more in terms of skillsets and that one of those is the lived experience part like that. People who understand what's going on in some of our neighborhoods that have the greatest health disparities. Um, so I think that's going to be critical changing up the coordinating committee.

Cross-town institutional buy-in from the beginning has doubtlessly benefited THC in terms of support from local professionals. The above statement shows how THC started with that “Milltown mentality” on autopilot. It’s first step was to convene the traditional leaders of the town, its businesses, and organizations—the “them.” But, as THC grew and increasingly prioritized “lived experience” and understanding “what’s going on in some of our neighborhoods,” THC staff realized they had to challenge that “Milltown mentality” within their own collective impact initiative. THC had to remove some of

“them” to make room for the “us,” the CMs. Fortunately, member checking with this staff and coordinating committee member revealed that changeups to the coordinating committee have occurred. The new coordinating committee was presented in this PowerPoint slide at the annual THC Health Summit in October 2020. It is as follows in Figure 4.1 Coordinating Committee.

Figure 4.1 Coordinating Committee (The Health Collaborative, 2020 Health Summit, October 21, 2020)



Knowing many of these people as a THC member, myself, I can attest that this changeup does increase residential and racial diversity. However, there are still no CHWs on the coordinating committee, only their director that works in an office, not the field.

Another opportunity to address the “us versus them” community narrative is to reconsider the location of community meetings. Before Spring 2020 and the pandemic

hit, monthly THC meetings for the entire region were held at DRF. One coordinating committee member voiced how they found hosting monthly meetings at DRF to be helpful. Saying,

that [THC]'s just been kind of incubated within the DRF structure. I think that it's, it is viewed separately enough from DRF, but they are still tied together. Um, like, you know, we meet here and everything like that. And so, I think that's helped it.

In other words, this coordinating committee member believes hosting meetings at DRF have given THC a strong foundation. This is true. However, several CHWs believed THC would increase its community engagement if it held meetings in the neighborhoods.

Once the pandemic hit, changes were made and meetings were moved online. Regardless, THC was planning to restructure the meeting locations and schedules by recommending more localized projects and chapter meetings. The recommended course of action is pictured in Figure 1.5 Recommendations for Meeting Schedule in the first chapter. Regional meetings were and are still planned to take place at DRF when THC resumes meeting in person.

Changes to THC operations are occurring. It is unclear if these changes are correlated to the “Milltown mentality” community narrative. However, if the community narrative was to be more closely considered, THC would likely have more reasons to introduce additional changes. This will be discussed in greater detail in the Recommendations section of the Conclusion chapter. Meanwhile, it is also worthy to explore one major way the “Milltown mentality” community narrative has been

confronted within THC, more specifically by the Caswell County chapter. Thus, let us take a deep dive into the “Caswell Cares” community narrative and counternarrative.

Caswell Cares

Part of the Danville region, Caswell County could be described as being in the metropolitan area of Danville. Many of its citizens also historically labored in the tobacco and textile industries of Danville. The main differences being that Caswell County is more rural and in a different state, North Carolina. Relatedly, Caswell County lives with the “Milltown mentality” and “us versus them” community narratives everyday, just like the rest of the region. Except the community narrative can be even more exacerbated in Caswell. It is the perception of many Caswellians that they are marginalized and often promised resources do not make their way to their communities. In a way, the “us” becomes people residing in Caswell and the “them” becomes Danvillians.

About THC regional meetings, CMs say things like, “everything's centered around Danville, so I don't really know how much good it's doing for me to be there 3a.” And, “being on the outskirts of Danville, you're always on the outskirts of Danville... so I kind of just detached pretty immediately 3a.” And, it extends beyond THC and Danville. A coordinating committee member said of Caswellians,

They are distrustful, but I think the level of distrust, at least here in this community, comes from one being considered the redheaded stepchild of not one but three regions. We're geographically right on the cusp of the Dan River region, the Piedmont Triad, and the Triangle.

A coordinating committee member's personal story confirms this occurs with THC and the coordinating committee, sharing how multiple members have said to her, “it

doesn't matter that we don't have any other Caswell County representation on the coordinating committee 'cause you are here." Those remarks, and ones like them, have had a lasting impact on this coordinating committee member and other Caswellians. She emphasizes,

to be quite frank, a lot of people in this community have been told to sit down and shut up for so long that that's kind of become their default. And, um, there's been a lot of token decisions made, and folks show up in a room and they realize pretty quickly that they were only there for looks and they're not actually expected to say anything or be a part of the decision-making process. And so that, those two factors are probably been the primary driving towards not being trusted.

The in/visibility and distrust at play in this personal story, and in the "us versus them" community narrative, demonstrate how they can negatively impact community engagement and, ultimately, community narrative communication in collective impact models. When CMs are invited to meetings for looks and not earnestly included in decision-making, naturally, community narratives are also not included in decision-making.

Such feelings of in/visibility and distrust are not unique for Caswell. One CHW from Pittsylvania County shared this regional "us versus them" sentiment saying,

THC is supposed to help Danville, Pittsylvania County and Caswell. Right? That's, that's what it's all about, but Pittsylvania County... I don't feel like we're getting the same services as, you know, because, I mean, I've been part of my community for years. I feel like they're doing a lot for the city.

For both counties, but specifically Caswell, this negative community narrative that Danville has the lion's share of the regional resources has merit. Historically, the

majority of THC projects have been focused on Danville. In reference to Caswell County professionals spending time at THC meetings, one coordinating committee member worded it as such,

We're already under-resourced, we're already under capacity. And so, a lot of our executive level leaders are working with the populations that their agencies serve every day. And so, they're having to make a choice about where they spend their time after it becomes clear to them that this conversation is about Danville and there's not really anything there that I can glean from it right now to use in my community. They choose not to go back to that conversation. And then somebody says, well, Caswell never shows up. They're not a good partner. It's not about being a bad partner, it's about capacity. And you know, sometimes you just don't have the capacity to be everywhere you need to be and you have to make decisions based on priorities. And if you really want to honor a community and meet a community where they are, then you have to respect that.

This statement not only showcases the strain of this “us versus them” community narrative on the “us” or Caswellians, but also the strain is on the “them” or the Danvillians. Danvillians and people leading Dan River region efforts struggle to collaborate with Caswellians because they are under-resourced and are forced to prioritize county efforts over regional efforts.

Easily re-branding some current initiatives with “Caswell,” is all it took in some instances to challenge the “us versus them” community narrative. With this example, a coordinating committee member discusses how Middle Border Forward, a Danville-based community organization with the same geographic footprint as THC, tailored their projects’ messaging to Caswell and saw increased engagement.

People in Caswell, when they see things happen in Danville, like all the rest, say that's not for us. Um, Middle Border Forward is an excellent example. They get very little, um, participation from folks in Caswell in their Community 500 grants

and different things like that. And, it's not for lack of trying, but they're not here. And, when you're not here and people don't see you in the community all the time, they don't connect you with their community. And, so as part of this work that we're doing, we gave Middle Border Forward \$10,000 and said we want you to do a community impact project in Caswell, specifically for Caswell. And, so we have 10 communities as well as \$10,000 cause a thousand for each community. And, it was amazing to see the difference. I can share out the regular, Middle Border Forward stuff all day long. Nobody ever shares it. Nobody ever comments on it. Nobody ever looks at it. Then, they took what they always send out. And, I added Caswell County, this is for Caswell County residents and it's flied all over Facebook, like fire, you know, because people know that it's for them. And so that does make a big difference. People won't go if it's in Danville because they assume it's not for them or honestly just because sometimes, sometimes it is a bit of a temper tantrum. proximity is huge, it makes a big difference.

For this reason and others, THC has fortunately invested more time and energy into a regional chapter approach for projects and meetings, with Caswell County's chapter succeeding greatly. By winning national grant funding, partnering with local businesses and state entities, and engaging hundreds of residential CMs, the Caswell County chapter of THC is considered a success.

However, the Caswell County chapter still encountered the traditional leadership of the "Milltown mentality" and the "us versus them" community narrative when it started. At their first meeting, a coordinating committee member recounts,

Caswell chapter folks had brought together a group of people, um, here in the County. But, I walked into the room and I kind of shook my head and I was like, wait, we have to back up here. Because it was a very white room and the room was primarily filled with traditional leaders, most of whom did not live in Caswell County. They may have worked in Caswell County, but they did not live here. Um, and so it was very much an environment where we were about to plan for a bunch of people that weren't in the room. And so, I probably spent the first three to six months just reaching out to people, um, who weren't already kind of connected in that circle to try to pull them in.

As the residential leaders of the Caswell County chapter sought community buy-in, they quickly caught on to two barriers. First, they needed to confront the “Milltown mentality” and “us versus them” community narratives head-on, so CMs would know that this group was different and not going to focus on issues or traditional leadership outside of the county. Second, they needed to show they were going to focus on Caswellians and that they matter. So, the “Caswell Cares” counternarrative was born.

First, the residential leaders from the Caswell County chapter worked with its members to actively face its misleading and negative community narratives. One way they did this was by being

very cognizant of wanting to be able to start changing the culture at that traditional leadership level first, um, before asking community members to engage in a process that wasn't ready to receive them. Um, there's a lot of folks who think that community engagement is, Oh, but I did a survey, Oh, we did a focus group. We did a listening session. Um, and we've really had a lot of conversations over the past year and a half at the Caswell chapter level about authentic community engagement and how that's different. And, um, why it's important to be in relationship with the people in your community. And, um, one of the ways that we've tried to demonstrate is actually by highlighting the differences in the stories. Um, you know, there's a narrative of who Caswell County is as a community and it changes a little bit depending on who you ask. But the one that people like to give is that, Oh, well, Caswell's you know, a small town where everybody knows everybody else and neighbors will pitch in and help you. And um, you know, it's pretty and all of that good stuff. And a lot of that's true, but it's not necessarily true for everybody. Um, I'm a big fan of shock moments. And so one of the very first things we did just to kind of get people's attention was we had done, um, some outreach with community members about what they loved about their community versus what they didn't like about their community and what they would like to change about their community. And a lot of that was actually done with children, through coloring sheets and things like that. And so then we were able to go to this big chapter meeting. We've got like 20 or 30 of the traditional leaders in the room. Well, how many people think that Caswell County is a really nice, friendly place to live, you know, and everybody raises their hands. And you know, how many people feel like if you walk into a store, you're welcomed and people know who you are and you know, they're

excited to see you. And of course everybody raises their hands. And then we start going through this PowerPoint slide where I've got these pictures that had been drawn by children of um, how they don't feel welcome if they walk into a certain business or Have, um, from adults where they don't have a support system here and they don't know anybody here. Um, just to kind of open people's minds that there is a difference.

This coordinating committee member and their colleagues executed some critical, intentional actions in this example. First, they directly communicated CMs' personal stories to traditional leaders that do not typically interact with CMs. Second, they did this on the heels of traditional leadership sharing their personal stories and affirming their community narrative that "Caswell is friendly." Their timing showcased the stark contrast between traditional leadership's positive feelings with CMs, especially children, having opposite feelings. Shockingly, many traditional leaders learned they did not know Caswell CMs as well as they might have thought they did.

Building on this eye-opening experience, the Caswell County chapter started discussing how equity is important and needs to be at the center of their collective impact work. It cannot be overstated that discussing equity in Caswell County, home to the KKK and setting of the book and miniseries "Roots," can be dangerous. So, I had to ask if there was any pushback to the equity conversation. There were two major lessons to glean from her response: the importance of trust and understanding community narratives. First the coordinating committee member shared,

I've been able to get away with that because I do have a long-standing history here where people trust me. Um, they may not always agree with me, but they know I'm not going to tell them one thing and then go tell somebody else something else.

And, with that trust, this coordinating committee member could solicit truthful personal stories. She recalled the process,

There are some very vocal folks in that group who equity's not always been at the top of their list of priorities, um, particularly around class. And, um, so I was expecting pushback but we didn't get it. Um, and we were very transparent and this is what keeps coming up and this is, um, you know, and in fact our entire, um, focus in the beginning we were thinking would be community wealth building and looking at economic development strategies and looking at broadband access and looking at strengthening the local food system. And then as we got out talking to members of the community and people who live here and people who have lived here forever and people who want their children to come back here and their children. Um, what we realized was that economic development strategies and you know, broadband access and stronger food system, that's probably going to be outputs at some point. But that's not our focus because what people were telling us was that they need something for their kids to do. They need to feel valued and heard. They need those social supports that they don't feel like they have access to and they need to have access to opportunity regardless of what color they are or what socioeconomic class they land in. Um, and so we just kind of went upstream to that. And so we got the equity piece that's goin.

By seeking personal stories of Caswellians, it became evident that there was a current community narrative of inequity, but that residents wanted to change that to one of equity.

So, once it was clear that equity was the Caswell County chapter of THC's focus, they knew they needed to start a new, uplifting community narrative. The chapter started branding everything they did, even their website, as "Caswell Cares."

The Caswell County chapter changed the community narrative to "Caswell Cares," but also acted upon those words. They want everyone to believe their voice matters in Caswell. For one, they actively rejected a hierarchical power structure with positions, akin to THC, in their collective impact model structure. All of the chapter's

decisions are made by consensus, not a committee. To ensure everyone is receiving and sending messages (including community narratives), multiple lines of direct communication are established. The chapter hosts free community lunch every second Wednesday to discuss issues of importance. They also hold,

a monthly meeting during the day and something at night. We haven't quite figured out what that looks like, um, or what that invitation looks like. But just that avenue for people in the community to be able to come together, um, in a way that they can't during the day. Mmm. I think that if you have that core group of people who had implemented a process like that, that does work well, then I think as long as the folks who were then coming into and you're pulling them into it, you're pulling them into a system that's totally different than everything that they know.

They are also asking, "How to make sure that even the people that aren't showing up to the meetings have all the information right?" And,

we're constantly asking, who's not in the room? That really needs to be, um, you know, are there other people that need to be involved in this and how can we reach out to them even though we may not necessarily know them or, um, historically have had a conversation with them? 84% of our workforce work somewhere else. So, we're looking at ways that we can work with parent teacher organizations within schools, um, cause that used to be the gathering place was the schools.

Part of branching out to all CMs requires being hyper-localized. Learning from the times they did not like being clumped into a regional group, the Caswell County THC chapter works with every community. Recalling,

Just as Caswell County is distinctly different than Danville, Cherry Grove, Pelham, Providence, Yanceyville, all of our communities within the County are

all very different than each other. So, we work with community engagement sessions in the communities out in the County.

With this localized approach, collective impact meeting attendance reportedly increased.

In summary, THC Caswell County chapter is finding success by directly communicating about community narratives in the communities. The success is evident because they are holding intentional conversations about racism, equity, and the color line, and then Caswell residents are starting to ask about these issues independently. For instance,

We've seen a change with the people who have been involved up to this point... people were talking about we're going to go talk to members of the community at the Roatan Club. I'd wait. Nobody else would say anything, you know, I would say. So who are you hoping to speak to at the Roatan Club and who do you think you might be missing at the Roatan Club? I don't have to do that anymore because now when those meetings, it never fails, somebody else in that room that as soon as the word Roatan comes out of their mouth, somebody is like, I'm sorry, that's a great idea, but how are you going to talk to the people of color? Because I can guarantee you they're not in the Roatan Club.

Even more powerful is that it is not just the CMs changing and learning, but also traditional leadership. Rather than asking traditional leaders to step down, like they did with some THC coordinating committee members, the Caswell County chapter has included traditional leadership in this process. Through such measures, Caswell County, on the whole, is beginning to discuss equity more candidly. Elected officials are even discussing it in their public remarks. A coordinating committee member shared,

The Caswell chapter should take credit for normalizing that conversation. Um, you know, it's no longer taboo to say the word equity. You know, a year ago the county manager couldn't say the word equity out loud without whispering it. Um,

he stood up in front of a group of 80 traditional leaders at an event, um, on January 22nd (2020) and said, racial equity matters in Caswell County.

In conclusion, the community narrative change is working!

Caswell County is leading the way. So, for the first time since before the civil war, Caswell County is actually receiving recognition across the state, not just for being the tier one County, not just for being who the KKK puts as their return address. Um, but for actually doing really innovative, cool things that other people are coming in to see.

This was said by a coordinating committee member in reference to their high levels of community engagement and participation in meetings, discussions, decision-making, and project implementation. Danvillians on THC's coordinating committee recognize this, too, saying,

Caswell County is doing a great job at having, um, they certainly have people that are part of critical organizations, but they have a lot of residents in those meetings, which is really exciting to see that don't have an affiliation with an organization.

For these reasons, the Caswell County chapter is a major bright spot within the greater THC. THC, on the whole, could learn a lot from the Caswell County chapter, which will be discussed in greater depth in the Recommendations section of the Conclusion chapter. For now, it is prudent to understand the findings that emerged from these community narratives and others in the next Findings chapter.

CHAPTER V

FINDINGS

By collecting data, I sought a better understanding of how community members' (CM) narratives are included in collective impact models and ultimately used in organizational decisions. Five major themes emerged from the collected data during the collection, transcription, and coding processes. These major themes are: (a) community narratives are understood in multiple ways, (b) community narratives are best understood with direct communication, (c) community narratives are mostly understood through indirect communication, (d) communication channels are unclear for community narratives, and (e) community narratives are not prioritized in decision-making. In this findings chapter, I (a) empirically present the data; (b) describe the collection, transcription, and coding processes; and (c) share relevant data that led to the development of the five major themes and their categories.

Presentation of Data

Altogether, I collected data from seventeen interviews (seven coordinating committee members, seven Community Health Workers (CHWs), and three Community Members (CMs), one meeting observation, and multiple documents. I also took additional field notes and memos on this data during the data collection, transcription, and coding processes. Below is a more detailed description of the data collection process

for each of these three data sources: interviews, meeting observations, and document analysis.

Interviews

I conducted 17 face-to-face interviews in Danville, VA, and Caswell County, NC, between February 11 and February 26, 2020. I reviewed the research consent form with each interviewee and had them sign it. Each interviewee also received a copy of the consent form, which had additional information about the study and contact information in case they had questions.

Coordinating committee member and CHW interviews lasted 45–75 minutes in length. These interviews were conducted in a private office at the Danville Regional Foundation (DRF) headquarters, where THC meetings are typically held. This location was selected since the interviewees already knew where to go, they were comfortable there, parking was free and easy, and we could close the door for a private interview. The seven CHWs are also considered CMs.

Three CMs that are representative of the communities THC serves were interviewed in their respective residences. One CM lives at a nursing and rehabilitation facility. The other two CMs live in federally subsidized apartments within a senior living complex. These interviews lasted 15–30 minutes. On all three occasions, the CMs were clients of a CHW. I met these CMs through introductions provided by their respective CHW. The CHW ensured the CM would be comfortable before they permitted me to enter the residence and interview. On all three occasions, the interviewee requested that the CHW remain in the residence for the interview. For all three interviews, the CHW did

not offer any new information but would confirm specifics the CM was trying to recall, like dates or logistics. One interviewee also had her daughter present for the interview, but she did not participate.

Originally, I planned to interview four additional CMs when I returned to the Danville region in the middle of March 2020. However, Covid-19 and quarantine measures made it impossible for me to meet and visit them face-to-face with a CHW in a way that fostered trust. Regardless, the previous three interviewees shared that they appreciated the CHWs and the work they are doing to represent the THC. Beyond that, they had no understanding of what THC was, what it stood for, or how it functioned, even though it purports to support them. CHWs shared that they believed most CMs would respond similarly. Since my main research question is to better understand how narratives of CMs are understood by collective impact models and used in decision-making, it quickly became apparent that I had reached a data saturation point with CMs. If they are not familiar with what THC is or how it works, they would not be able to provide any insight into how their community narratives are understood or used in decisions. Therefore, my dissertation chair and I did not find it necessary to delay this study until health conditions improved sufficiently to conduct four more face-to-face CM interviews that would likely not yield any new or useful data. We agreed that the three CM interviews were representative of communities that THC sought to serve, were not outliers in any way, and sufficiently met the needs for this study since their responses were so similar with little to no nuance.

During each interview, I asked the proposed research questions along with some demographic questions. For a fuller look at the interviewees and their demographics, see Table 5.1. Figure 5.2 provides a graphic representation of interviewees' demographics. For a closer graphic view of interviewees' race, which drastically varied by population, see Figure 5.3. I used the interviewee demographic data and interview responses in determining the research themes.

Table 5.1 Interviewee Demographics

Interviewee Demographics						
Role	Total Inter-viewed	Housing Status		Residence		
		Rent	Own	Dan-ville	Pittsylv-ania Co	Cas-well Co
Coordinating committee member	7	4	3	5	1	1
Community Health Worker (CHW)	7	5	2	6	1	0
Community Members (CM)	3	3	0	2	1	0

Role	Age					
	20-30	31-40	41-50	51-60	61-70	71-80
Coordinating committee member	2	3	2	0	0	0
Community Health Worker (CHW)	4	1	1	1	0	0
Community Members (CM)	0	0	0	1	1	1

Role	Gender		Race	
	Female	Male	Blac k	White
Coordinating committee member	5	2	1	6
Community Health Worker (CHW)	5	2	6	1
Community Members (CM)	3	0	2	1

Figure 5.1 Interviewee Demographics

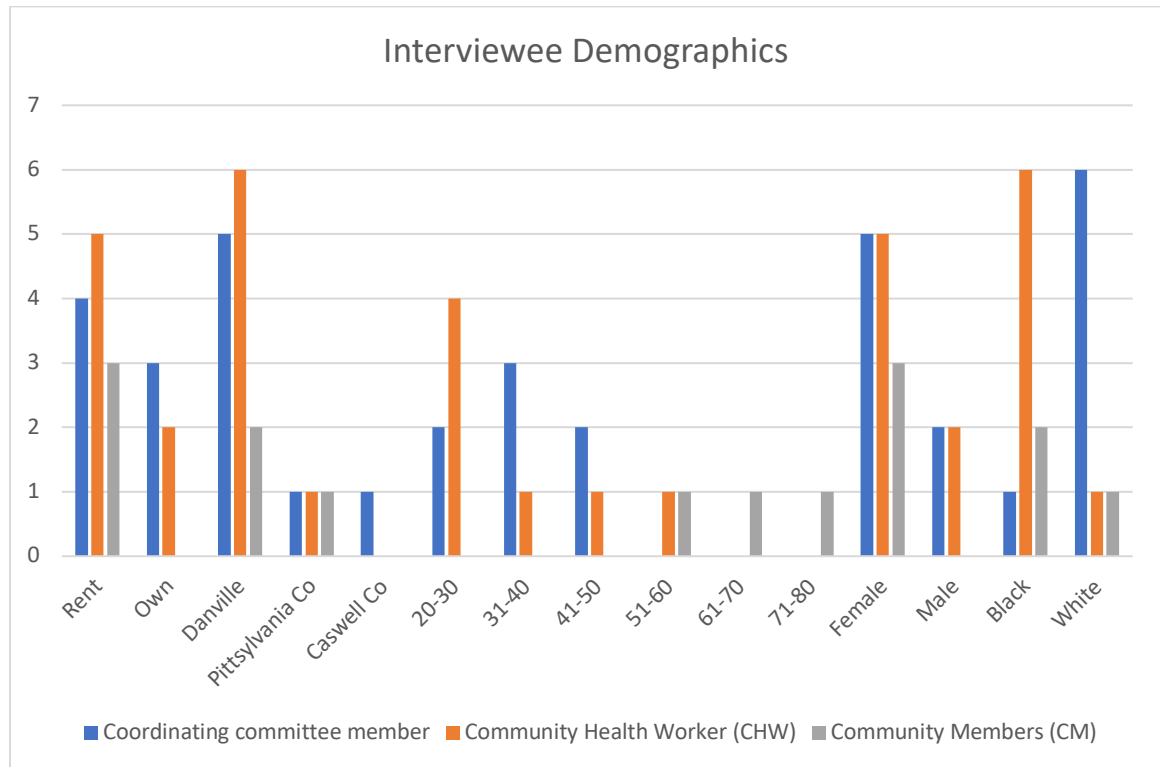
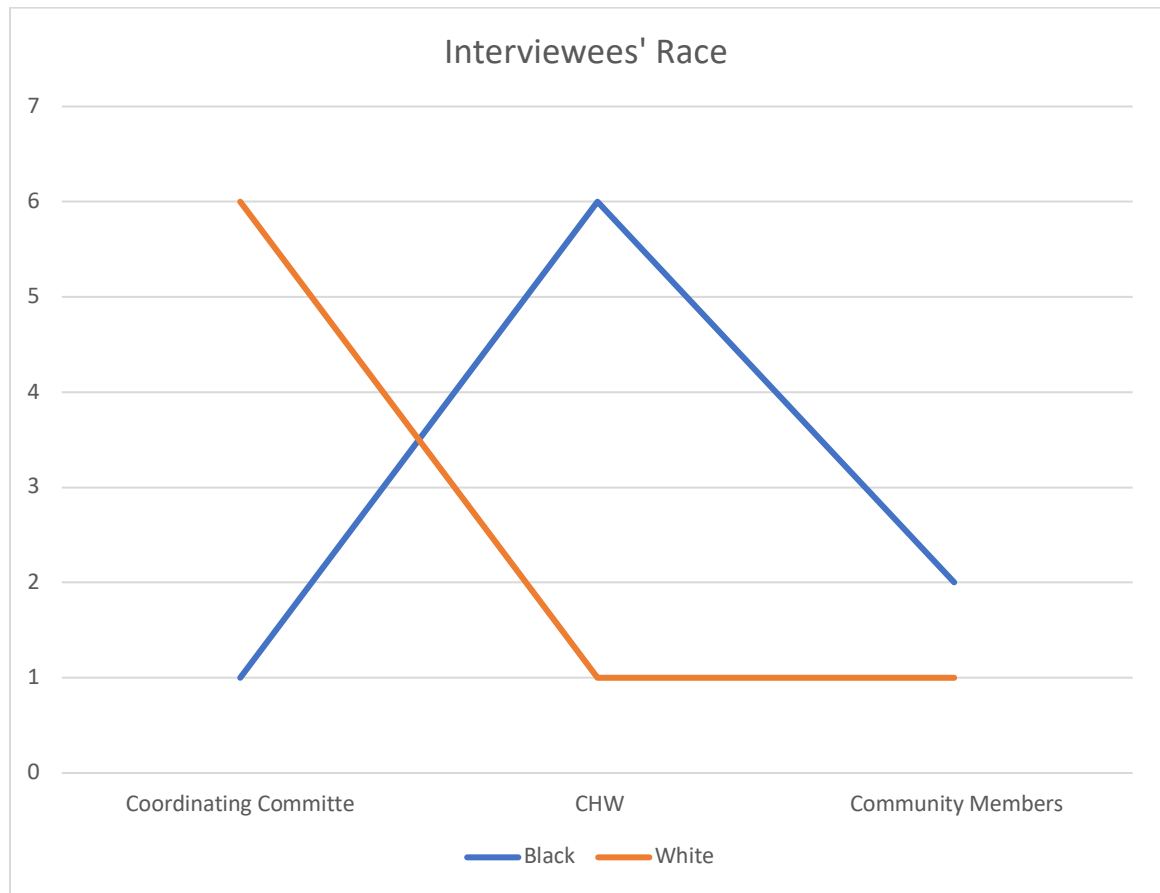


Figure 5.2 Interviewees' Race



Meetings Observations

Aside from five years of participating in and observing THC meetings, I initially planned to conduct participant-observation of one THC open meeting in-person and one CHW meeting in-person. However, Covid-19 and quarantine procedures rendered that impossible. THC open meetings adapted to Zoom, so I was still able to include a virtual meeting in my research. CHWs cancelled their meetings, so I was not able to include one in this study.

My participant-observation of the one THC open meeting occurred on April 15, 2020, via Zoom. There were 41 people attending the meeting. Staff opened the meeting with updates and invited attendees to share additional updates. Then, participants were ushered into breakout rooms with five participants each to check in with smaller groups. My breakout room discussion was led by a staff and coordinating committee member. Then, we returned to the larger Zoom group. For the next seventeen minutes, a frequent THC consultant lectured with PowerPoint slides on systems thinking and change. Once the lecture was completed, we returned to small breakout rooms to debrief. Then, each small group shared discussion highlights with the larger group. All of this back and forth took 90 minutes.

Having attended many previous meetings in-person, I can confirm that the topic, dialogue, attendance, and agenda were typical of a THC open meeting. Another important, yet typical, observation was that the dialogue, facilitation, and breakout room highlight reporting was dominated by THC staff and coordinating committee members, which were designated by staff as discussion leaders prior to the open meeting. This practice of selecting staff or coordinating committee members for discussion leadership and facilitation was also observed in the Fall 2018 pilot study.

Since I was not able to conduct participant-observation at a CHW meeting, several CHW interviewees offered their impressions of meetings to me during our one-on-one interviews. As part of my professional leadership consultant work, I had previously attended a CHW meeting. As a researcher, having previously attended a CHW meeting helped me more easily understand the context of the CHWs' experiences than if

I had never witnessed one of their meetings. All CHWs said something to the effect that they openly discussed common community issues in their meetings, brainstormed potential solutions, and asked for those solutions to be considered by THC's upper management. While they appreciate this meeting process, they have grown frustrated with repeatedly identifying solutions to real problems they are facing without feedback on any of their suggestions. It leaves many CHWs wondering if their suggested solutions are being heard or being considered by the THC staff or coordinating committee at all.

In short, the participant-observation of the THC open meeting proved useful in confirming previous observations of emphasizing staff and coordinating committee dominance in dialogue. I further evaluate this observation in the findings analysis chapter (Chapter VI), and it can be connected to dominating community narratives.

Document Analysis

I analyzed 26 pages of documents for this study. Documents included: THC emails to all members, THC website, THC resources linked on its website, THC event advertisements, Caswell County's THC chapter's website, and its linked resources. THC emails are sent to all active members about twice a week. All other documents are open to the public. To preserve current conditions of these online resources, I printed the sites and resources as they were on their dates. Then, I coded and memoed from the printed copies. These documents were most helpful in determining intentions and beliefs of THC by analyzing its mission, values, and goals. Comparing these with THC's documented practices in its weekly emails and advertisements helped create an understanding between

the differences of collective impact theory and practice. These findings contributed to the themes and categories.

Over the past year, the Caswell County chapter has emerged from THC to more directly meet their specific and local needs. As a result, the Caswell County chapter holds its own meetings, communications, and website to connect with Caswell County residents, which I included as part of the document analysis. Important to note, the Caswell County chapter and its residents are still a part of the greater THC. Although the Caswell County chapter has proven successful in applying for and winning their own grant funding, there is no clear understanding of whether THC will provide any funding for the chapter. If THC offers financial support, it is also unclear if that support would be at the jurisdiction of the coordinating committee or DRF board. The Caswell County chapter is eager to be financially independent, so it can make its own decisions and avoid the trappings of an outside governing body. As a result of these differing motivations, there are corresponding differences between THC and the Caswell County chapter discussed in the findings.

Themes

Five major themes emerged from the collected data from Danville, Pittsylvania County, and Caswell County: (a) community narratives are understood in multiple ways, (b) community narratives are best understood with direct communication, (c) community narratives are mostly understood through indirect communication, (d) communication channels are unclear for community narratives, and (e) community narratives are not prioritized in decision-making. Each theme has three to four subsequent categories,

which are made up of several codes. Relevant data contributing to these themes and categories are highlighted in the following subsections; however, they are representative of frequently recurring patterns throughout the data.

Community Narratives are Understood in Multiple Ways

It may seem basic that community narratives are understood in multiple ways. But, in fact, the research showed that many THC members rely on their own personal interpretation of community narratives with little variance in methods. It is when THC members combine their individual interpretations with other methods or seek more than one method of understanding that the most inclusive and all-encompassing understandings of community narratives emerged.

Four categories describe how community narratives were understood in multiple ways for this first theme. The categories are: (a) individually, (b) systems approach, (c) multiple approaches, and (d) context matters.

Individually

Across all interviewed populations, people agreed that relationships and trust were the most important parts of collective impact work and, thusly, the most important parts of understanding community narratives in collective impact models. They also agreed that relationships and trust are built on an individual, one-to-one basis. One coordinating committee member went as far to say it should be the major focus of their work, explaining, "Community engagement—80% of it to me is that relationship-building piece."

All interviewees agreed that CHWs are doing a magnificent job at building individual relationships and that it is the best thing that THC is doing. To do this well, many CHWs shared that you have to meet people where they are. Listening builds the relationship and trust. Once the trust is built, the CHWs can help CMs with little things that start to add up in a big way. From sorting through insurance claims, government program processes, and doctor's offices' paperwork, CHWs help CMs with what one CM called "taking care of my business."

Working with individuals and listening to their personal stories empower THC members to gain better understandings of greater community narratives. One CHW said, "It's important to be able to work directly one-on-one with people to help them improve their health in order to inform all of the other bigger changes." While this CHW is already excited and ready to use this knowledge to solve bigger issues that require change (discussed in greater detail in upcoming themes), it is imperative to note that they are using individual interactions to inform bigger points of concern.

While building trust and relationships at a deep level to achieve greater understandings of community narratives is an aspiration held by all, it is easier said than done. One CHW explained individual relationship building as:

They have to build that relationship, and it is not an easy thing. You have to be persistent and consistent. Like how they wanted this health collaborative to stay going, and they're persistent about getting people to help, you have to be the same way with the CMs.

Being persistent and consistent with individual relationship building takes a lot of one very valuable resource: time. One coordinating committee member shared why they

have learned it takes so long to build relationships and trust with CMs. "It takes time to build those relationships and for people to really see what your motivations are." CMs need to believe that the other person's motivations are honorable and serve their best interest. This belief is not built in one or two encounters. It can take several visits, phone calls, and meetings for a CM (or anyone) to trust someone else.

Simply put, time is not a luxury that everyone in THC has to dedicate to this type of relationship building. But, when one does, there are rewards. One CHW shared that when someone "talks to people actually doing it, like one-on-one. I think that they would have a different view how they approach things." This CHW was referring to the benefit of how one's view can be deepened, expanded, or challenged by building trust and relationships with people outside one's typical world, especially CMs experiencing hardships that THC is working to overcome.

The one-on-one approach is informative, but on its own sometimes it can lead to not fully understanding the community, and their narrative, as a whole. One CHW framed it by saying, "I like THC. I think that their approach is very good, but as far as the communities that we serve, I don't think they really get that community." Such remarks as this one lead to the correlation that additional approaches are needed to appropriately understand community narratives.

As described within this section, it is evident that people understand community narratives from individuals with which they build relationships. But, how community narratives can be understood through a systems perspective is one of those additional approaches that support fully understanding community narratives.

Systems Approach

Community narratives are ultimately stories of a community system. So, it makes sense that there is a systems approach to understanding them. One staff and coordinating committee member shared, "At the beginning of the health collaborative, the conversations were very much focused on policy systems and environment change, which is still the focus." These types of conversations happen mostly between THC staff and coordinating committee members during their meetings or through implementation of different programming.

The largest contributor to the systems approach for understanding community narratives is statistics. THC staff analyze local, county, state, and census data to create this picture. Most notably, THC staff has synthesized this data to create a regional health equity report tracking race, sex, income, education, housing status, life expectancy, chronic disease rates, and employment, and how they are connected to different census tracts and THC goals, like adequate food access and parks and recreation. This report is an example of a systems approach to understanding community narratives on health equity, inequities, and social determinants of health in different parts of the THC service area. The report has proven useful in identifying underserved areas and justifying the focusing of projects and programs in those areas. THC staff repeatedly shared how they were learning from statistical reports in emails, meetings, and on THC's website.

THC's systemic approach to understanding community narratives with statistics highlights a distinction between community narratives and *perceptions* of community narratives. Community narratives are derived from CM personal stories and voices,

which the health equity report is not. It is based on statistical data. If there is no evidence of CMs and their experiences shared within the process of creating the health equity report, then it cannot really be a community narrative. The statistics are used to perceive community narratives in a systemic way. THC staff and committee members may not be wrong in their perceptions, but they should be cognizant from what sources those perceptions are formed. If their perceptions of community needs are sourced from data and statistics, can that really be a reflection of what the community says they need?

Understanding community narratives from, both, individual and systems approaches is important, but there is a delicate balance between these styles. Like one staff member said, "it's important to be able to work directly one on one with people to help them improve their health in order to inform all of the other bigger changes." This implies a way of understanding community narratives that includes, both, individual and systems approaches for "bigger changes" is used. Other sources for understanding community narratives were shared, as well. These are reviewed in the next section about the multiple approaches theme.

Multiple Approaches

Understanding community narratives from, both, individual and systems approaches is important. A successful aspect of THC considered by all coordinating committee members and CHWs interviewed is the collective impact model's ability to understand community narratives from multiple approaches. Varying approaches for different localities, types of projects, and types of stakeholders, led one coordinating

committee member to state, “That's where the collaborative has done well in saying it doesn't all have to look the same.”

Another coordinating committee member referred to this variety of approaches as a “tiered approach.” The ability for THC to easily utilize and jump between different approaches will be further addressed in the communication channels are unclear for community narratives theme. But for now, I'd like to showcase how multiple approaches are not a clearly defined value for THC, yet its ethos is imbued in all they do.

Evident in its description of guiding values the THC website shows:

Health Equity - Is the strategy likely to directly serve the individuals in most need? Does it create opportunities for neighborhood and community residents to design, lead, and implement initiatives to improve their own health and the health of their neighbors? (THC, “About Us,” n.d.)

Creating opportunities for others to lead is, in most cases and this case, a form of indirect service. Immediately serving needs and individuals is a form of direct service. Here, indirect service is juxtaposed with direct service in terms of how health equity can be achieved or understood. It appears THC is prioritizing its energy and efforts towards direct *and* indirect service. Such a line of questioning implies a need for multiple approaches toward reaching goals, of which understanding community narratives is an important part.

Throughout all of the interviews, there were several suggestions for additional approaches that THC could implement to better understand community narratives. The suggestions ranged from hosting support groups for at-risk patients to holding monthly meetings in different neighborhoods as opposed to the DRF. CHWs and CMs alike

expressed an eagerness to encourage the sharing and understanding of community narratives by spreading theirs within their networks and neighborhoods. The Caswell County THC chapter promotes this strategy of not just listening, but also sharing narratives on their website. It encourages CMs to “tell the story of your community to drive change and improvement” (“Welcome to Caswell Cares!” n.d.)

CHWs would like to share their knowledge, too. “I would like if maybe one THC meeting would headline the CHWs, and we’re presenting what are the biggest struggles going on out there in the community.” Even though this has yet to be executed, many coordinating committee members thought it was a wonderful idea. One staff and coordinating committee member said about magnifying CHWs’ takes on community narratives, “It’s more about process and there’s opportunities to be able to amplify the voices of people who are in the community.” Another coordinating committee member was excited to open discussion during and after such a meeting to see what ideas flowed, saying, “I think one of the simplest things we can do is include a lot of members in our decision making.” Reasons why such “simple things” are being overlooked by THC is addressed in later themes, however Caswell County’s chapter seems to be an anomaly within the larger THC context.

The Caswell County chapter does the aforementioned type of community engagement inside and outside of meetings well! With many CMs attending their meetings, especially compared to THC meetings, there are several marked differences between the two groups, including CMs in chapter decisions is one of those. On their “Caswell Cares” website, they remark how they see the “potential in everyone” and work

hard to "build strong, trusting individual, community, and institutional relationships."

Interviews confirmed these beliefs to be true in practice in Caswell County, too. One major approach the chapter utilizes to understand and include community narratives in their decision-making processes was consistently considering language and context.

Context Matters

The Caswell County chapter and CHWs understand the importance of getting "down to the clients' level. Explain everything." Too many times, *what* people say is not understood. CHWs and THC staff have struggled to understand health and collective impact related processes and information on their own, and they have shared that it is often more difficult for the CMs they support, who are not steeped in this work every day. One CHW remarked, "Just looking at stuff on paper, I think it's kinda hard to relate sometimes." A staff member shared her inner thoughts when dealing with foundation professionals, "Who are you and why are you talking to me in this language that I don't even understand?"

As a result, these CHWs and staff members worked extra hard to relay relevant information at reading levels accessible to the CMs to make sure it is easy to understand and be a part of the process. If a CM does not understand THC information, it is highly unlikely that they will connect with THC through meetings, events, or decision making. One coordinating committee member said, "You're probably not going to participate if you don't know what the process is."

Instead of sending out community emails with big reports full of statistical data and health jargon like THC, the Caswell County chapter sends messages like, "The

numbers for the state of the county speak volumes." They still provide links to the source data, but they focus on addressing the impact of that data within the Caswell County context at a reading level accessible to CMs. Caswell County understands an over emphasis on numbers can be intimidating in marketing materials. So, again, they simplify the message for greater understanding.

Caswell County also considered context by addressing negative community narratives head on. For example, their website states, "You don't have to be rich, you don't have to be a leader in the community. All you need is a voice that lets others know you care about your community" ("Welcome to Caswell Cares!" n.d.). Caswell County communications do everything they can to meet CMs at their level. In this case, it is by addressing long held stigmas, or negative community narratives that only rich or powerful people's narratives and voices mattered in Caswell. By addressing this negative narrative, which is a rare action, CMs read the material knowing the Caswell County chapter is a different type of community engagement effort from THC, regardless if they decide to participate or not. The Caswell County chapter is not afraid to confront a negatively perceived history and present of dominant, traditional leaders making decisions for a community they are disconnected from. Greater THC has shown little effort to challenge this perception, and, in fact, seems to perpetuate it by fostering traditional positional leadership with mostly white decision-makers in terms of staff, coordinating committee members, and DRF board members. (The context of historical regional leadership is further addressed in other themes and categories.) Afterall, Caswell

County's website proclaims, "It all beings with you!" ("Welcome to Caswell Cares!" n.d.).

THC's website is less focused on people and spends the majority of its space highlighting set goals. In terms of context, there is, however, a THC Glossary on the website ("Collaborative Glossary," n.d.). At meetings, staff members encourage CMs to review the glossary, so they can be more familiar with terms like health equity and social determinants of health. This is a helpful tool to better understand some of the jargon-laden documents and conversations that THC facilitates. However, it fails to appropriately inform THC members and include them in conversations. At meetings and in interviews, THC members of every level expressed a difficulty in understanding what THC does, represents, and espouses to be in spoken and written word. Thus, providing a glossary may help THC in an institutional context, where jargon is expected and can be useful in conveying needs for grants, projects, structures, etc. However, at a community-level where colloquial language is paramount, it fosters a context of confusion, which often leads to feelings of inadequacy and disinterest on THC members' part.

One coordinating committee member suggested that it is not just *what* is being said but *how* it is being shared. This person reflected,

Even if the coordinating committee is told, hey, look, we're having CMs come in, let's all dress down, let's wear jeans and a shirt. Because I have seen where mutuality, it is very impactful. When I'm in a room with someone... I mean I'm a nurse and I can go to the doctor and I'm intimidated sometimes by doctors or I've worked with doctors that I get a little intimidated by, so I can say it. It can happen to anybody.

When working with CMs, of course, collective impact models and practitioners should emphasize mutuality over intimidation. As suggested in the previous quote, this can be accomplished by considering the audience and adapting to their context.

In this vein, many THC members at every level felt it was imperative for coordinating committee members to consider, "the importance of the invitation and actually knowing what it was we were inviting people to be a part of." For instance, if CMs are invited to a meeting where only elected officials and business leaders are provided platforms to speak, that is sending a message that traditional positional leadership is important and CM voices are not as valued. The above quote implies that if THC invites CMs to a meeting, then it should be prepared to include them in the context of the event, give CMs a platform to also speak, and not leave CMs on the sidelines because all of those actions can send messages of inclusion and appreciation.

The context of the message, language used, and delivery method matter. Understanding the context of a message or community is also part of understanding the community narrative. When increased and varied approaches are used to understand community narratives, fuller, more complete understandings can be attained for collective impact processes and decision making. The best of these approaches maximizes direct communication as discussed in the next theme.

Community Narratives are Best Understood with Direct Communication

Minimizing opportunities to misconstrue community narratives, this theme of best understanding with direct communication may also seem like basic knowledge. However, it is worth highlighting because, in contrast, most community narratives are understood

with indirect communication, as will be discussed in the third theme. The categories of personal experience, first-hand knowledge, content experts, and teamwork build up this theme of “community narratives are best understood with direct communication.”

Personal Experience

Sharing personal experiences and directly relating them to others has shown to be a powerful way for THC to understand community narratives through direct communication. One staff and coordinating committee member shared,

We're very transparent as far as our shared experiences and how it is impactful in the work that we do, especially with the CHWs because they're from the community and they speak a lot from things they witnessed. They grew up being in there from that, the neighborhoods, and that really helps with building these relationships with the client.

Growing up and living in the same neighborhoods provides an instant common ground, making it easier to understand the community narrative.

The neighborhood experience is helpful, but the health experience can be too. One CHW shared that they had the same health ailments as one of their clients. "I was sick, so I kind of understood it," said the CHW. While this may empower a better understanding of only one personal story, multiple, similar personal stories add up to be community narratives over time.

Personal experience can also help people know what might not be said at all, is only subtly suggested, or only shared in certain spaces (e.g., the safety of one's home rather than a public meeting). One staff and coordinating committee member said, "Shared experiences help me identify when someone is facing other issues. It may be

something else underlying going on," like housing insecurity or an abusive relationship. This can be a doubly powerful tool because it may help individual clients, and more broadly, it serves to overcome unspoken barriers like negative community narratives and stigmas.

Naturally, shared personal experiences also increase the level one can empathize with another's situation. When asked about community barriers, one coordinating committee member commented, "As my own personal experience, I couldn't imagine thinking that critically about my own poverty when I was living in it." This person's experience helped them empathize with the difficulty of prioritizing health over other things like paying rent, utilities, and health bills. Their own experience made it easier to understand how a community narrative of health not being a priority could take place in under-served communities.

Just as building individual relationships to understand community narratives takes time, so does sharing personal experiences.

With a CHW spending more time with that individual, going into the home, they build that trust and relationship. They open up to the CHW about things that they've been with doctors and nurses for years that we know nothing about. So you want someone that has had shared experiences. But also someone that makes time.

This is important to note because it is not necessary to share the same upbringing in order to deeply relate to CMs. If one makes the time and effort, they can still build a strong connection that can yield shared experiences.

Personal experiences can help people, especially within collective impact models, relate to others, omitted information, and community narratives when given the time and space to do so. Similarly, first-hand knowledge can build an even deeper understanding.

First-hand Knowledge

Directly learning about something from the primary source is considered first-hand knowledge. Shared personal experiences can sometimes be a form of first-hand knowledge. In this section, I focus on the other types of first-hand knowledge that empowered THC members to better understand community narratives through direct communication.

Part of a CHWs work is assessing CMs and clients so they can better serve their needs. Even though statistics, previous reports, or doctor's impressions might suffice, CHWs assess their clients on a first-hand, individual basis. They have found that assessing the client in their home, with no time limits and a built relationship, goes "so much deeper than what was put on paper." A CHW shared the best way to attain this first-hand knowledge was to "listen to them share their story. Just step back and not judge. You understand why a lot of times people are in a situation that they are."

Seeing the client at home was helpful. Going with them to the doctor's office can be just as, if not more, informative. "Being able to go in hand with your client and have a first-hand understanding what they're going through," said one CHW is "eye opening." Many CHWs shared how they were surprised by clients' hesitancy to speak up, share health problems, and ask questions of healthcare providers. The CHWs understood how clients' health problems grew when they did not have all the necessary information, they

did not understand it, or there was no significant relationship with their healthcare providers.

Again, to acquire this type of first-hand knowledge requires time. One CHW emphasized that the learning takes place where the CM is, explaining, "You got to actually go talk to the people to understand where they're coming from." A coordinating committee member agreed, sharing, "It takes work to go and want to learn about something. It's more upon us to be out pushing their stories versus expecting people to act, come ask us." All interviewees agreed that it was important to seek community narratives via first-hand knowledge, as opposed to waiting for CMs to come to the committee. However, due to time and other constraints, which I address later, community narrative seeking was seldom practiced.

This type of understanding needs to be prioritized because without first-hand knowledge there is a "lack of awareness. I think people tend to just get in their silos and they aren't exposed to different people or different ways of thinking or different walks of life. So, it's just not on their radar," said one coordinating committee member. Acquiring correct information from first-hand accounts is important to understand community narratives, but it can also broaden collective impact practitioners' perspectives beyond their "silos," if they want.

And, even if these representatives have education and professional experience, the lived experience is what makes them the expert in the communities being served. One CHW said, "I'm not just talking from what I went to school for or what I learned from school. I'm giving them expertise from what I learned in school, but I'm also giving

experiences of what I've seen first-hand." This is relevant to note because many positions, in general, require education of some sort to be employed. On the contrary, CHWs find that first-hand knowledge is more useful than school-based education in fulfilling their obligations to connect with CMs.

First-hand knowledge can be eye opening, but there is no guarantee that it will influence the learner. One staff and coordinating committee member shared that it can be:

Like keeping the veil on. Because once you remove the veil, something has to be done. [Before] if you turn away from the issue, if you don't see the issue, then you could easily say, well I didn't know that was going on. But, of course, if you see there's an issue, you have to come up with solutions. I feel like people kind of turn a blind eye and sweep it up under a rug and nothing's going to get done. I do feel like some people want it to be that way because that world may not be their world. It may not affect them where it would affect someone that's actually been through it.

In other words, first-hand knowledge has the power to help people better understand community narratives outside their own, but those people must be open and willing to change their former perceived narratives held in their minds. Referring to community content experts can be a great way to accomplish this.

Content Experts

Learning about community narratives from content experts was identified as a communication strategy used by staff and coordinating committee members. They shared how much they valued CMs as content experts, saying, "What better way to really tell that story when you have individuals that are actually facing what these statistics say." Moreover, THC Caswell County chapter espoused on their website that they recognize "the members of our community are the experts on their own experiences."

Nevertheless, these same staff and coordinating committee members admitted that more needs to be done to put this value into practice. One shared,

We want to support at a community level and we want to honor the fact that members of the community are experts of their own experiences. If we truly believe that our CMs are the experts, then we have to trust them and trust the process to allow them to create what they need.

So valuing community content experts goes beyond listening, there is also a high degree of trust and relinquishing control of collective impact processes that needs to occur. In a later theme, I review some collective impact model processes that have proven difficult to open to the public because of control issues.

Another staff and coordinating committee member said,

Getting individuals that may have been homeless or are currently homeless, bring them to the table to figure out what can be done. Someone that's actually in the situation at that time and you bring them to the table just to listen. 'Cause a lot of times they don't even know what services we have to offer. Bring them in and find out, what is it that we can do as a community?

Hopefully, CM participation in THC could prove beneficial beyond better understanding narratives. This comment demonstrates that two-way communication can be an added benefit to empowering community content experts because they can also get better acquainted with available resources to meet genuine needs, like homelessness.

Nonetheless, many of those whom the coordinating committee considers content experts do not know they are being considered in that way. For instance, every coordinating committee member referenced how important CHWs were as content experts. Yet, one CHW expressed what many others echoed, "Attend the meeting? Yes,

but I think that's because we are invited because of our employment." Another CHW said, "I don't hold any office, like any position there. I'm just there at the meetings." Many CHWs felt attending meetings is an occupational responsibility. They did not feel their thoughts were sought after or valued in meetings, despite the fact that THC coordinating committee members said they do value their thoughts.

Moreover, CHWs think there is a major lack of community expertise representation. The low meeting attendance of neighborhood residents without THC-related professions confirm this. One CHW voiced what many others also shared, "If they bring the community leaders to the table, we would know more about what the community, those different communities needed." This statement infers that THC did not clearly understand what communities needed because they were not bringing CMs to the table.

Furthermore, a few committee members attributed project failures to this community expertise oversight. One coordinating committee member said,

We never talked to the actual decision makers. So to me, that was the separation of true community engagement. We didn't actually get to who we really needed to talk to. There's a lot of room for opportunity when you talk, like what I would consider a true community engagement. Like, are you really asking people about stuff?

Another coordinating committee member disclosed, "[It's] our responsibility to listen and ask," concluding not enough community expertise was being sought to understand community narratives and make better decisions.

While some committee members recognized these failures were in their own shortcomings, others called for training to bring more community content experts into the board room. "You would just need the board who goes through more training and education on how to work with people who may not be at your education level or understand the nuances of a board meeting." Such training could possibly prove effective in recruiting more content experts and communicating with them to better understand community narratives.

In short, these community content experts were not consulted or included in THC meetings or decision-making processes to the extent that their value of "CMs drive ideas and strategies" proposes they should be. Primarily, THC leadership indirectly communicated with content experts by talking to middle liaisons. Working with middle liaisons emerged as a work around to direct communication with community content experts and is discussed more in the next theme. For some, an easier way to directly understand these narratives was by acting upon them with others through teamwork.

Teamwork

Teamwork, specifically with representation from all THC populations of coordinating committee members, CHWs, and CMs, is one of THC's theoretical beliefs. On their website, THC is described as a "cross-sector group of residents who are working together" ("The Health Collaborative," n.d.) Yet, staff admitted that mark was being missed in practice, saying, "I think we're doing okay with communicating, but not necessarily in creating that process for jointly pursuing things."

Still, some of THC's greatest successes have been results of teamwork from all three populations pulling together their own unique understandings of situations and community narratives. In one case, a CM experiencing homelessness, a CHW, and a coordinating committee member collaborated to petition the Danville Regional Housing Authority Board of Directors to increase their annual allotment of housing vouchers (as referenced on pp. 80-81). The CM understood the need, the CHW understood the bureaucratic red tape preventing the need from being met, and the coordinating committee member understood how to propose a change in regional housing policy. If it was any one of these people on their own, they would not have fully seen the issue or solution. Success came when the different representatives brought together their views to build a full picture and act on it.

Similarly, teamwork from different populations also found an opportunity for "Danville Pittsylvania Community Services (DPCS) to donate cars for the CHWs to use to take clients to specialty care. That wouldn't have happened if we hadn't fed that up into the kind of larger conversations," said a staff and coordinating committee member. In that instance, the CMs defined the transportation need, the CHW identified securing vehicles for CHWs could meet this need, and the coordinating committee member identified a win-win-win situation by donating used DPCS vehicles and getting a tax write-off. Again, this success was only possible because views from different populations came together to identify a solution.

While the direct communication methods of teamwork, personal experience, content experts, and first-hand knowledge have proven successful in THC and collective

impact models, they were, unfortunately, exercised much less frequently than indirect communication methods. In the following section, I review these more popular ways of understanding community narratives.

Community Narratives are Mostly Understood Through Indirect Communication

The theme of “community narratives are mostly understood through indirect communication” is broken down into two categories. They are (a) middle liaisons and (b) discomfort, assumptions, and fears. While there is some direct communication present within these methods, it is not with the people that own the personal story or community narrative in question.

Middle Liaisons

The coordinating committee certainly viewed the CHWs as serving a middle liaison function and were grateful for their knowledge and community expertise. One coordinating committee member recalled an example of how middle liaisons shared an understanding of a community narrative when "a variety of other CHWs started talking about housing and utility bills and a lot of us just had no idea that you could have a 600 square foot apartment and pay a \$400 utility bill." Instead of learning about utilities issues from CMs, coordinating committee members were able to find out indirectly from CHWs.

Part of the reason the coordinating committee had “no idea” about the above CM issue is because members of the coordinating committee do not personally face those types of financial issues, according to their self-reported demographics. Moreover, many of the coordinating committee members do not regularly interact with CMs facing those

types of financial issues, according to their interviews. This inference was further solidified when one of the staff and coordinating committee members said, "I think you [anyone] can do whatever you [they] need to do here [Danville]." This statement showcases a lack of awareness and foresight of the realities filled with barriers that many CMs in the Danville region face. While it is helpful to have CHWs serve as middle liaisons to shed some light on these realities for coordinating committee members, more really needs to be done to achieve a clear, full perspective of community narratives.

On a brighter note, project successes occurred by using THC coordinating committee members as middle liaisons too. Branching out to churches and other organizations for THC programming purposes:

It was through those built relationships that we actually ended up starting having some successful things. It wasn't the initial engagement necessarily. It was through some of the relationships that were built and connections that we kind of work through people. That's really what it was actually boiled down.

Here, collective impact practitioners were able to indirectly communicate with more people by advocating proxies for their messages in terms of middle liaisons.

One of the reasons middle liaisons can be successful communicators is because of their unique vantage points. For instance, the CHWs appreciated the unique circumstances they were in and how their views were beneficial. One CHW shared, "I see both sides of the picture. I try to get people to see both sides of the story." Using these perspectives to create a fuller picture of community narratives can certainly help in collective impact model processes and decision making.

However, there was a guilty burden that came with replacing the voices of the CMs through this middle person role.

I don't really want to say be the voice because at the same time you don't want to lose that person's voice. But being that middle person, that helps a lot because one thing that's very vital is that trust. They may not trust someone on the coordinating committee, but if they trust that CHW and they know that CHW trusts that person on the coordinating committee, then they're going to trust them.

Building a trust bridge in this way can be advantageous, but all coordinating committee members and CHWs interviewed agreed that utilizing a middle person as a bridge needs to be a beginning, not a final step. They all agreed the next step included maximizing the middle liaison as a bridge to directly communicate with CMs. Despite everyone agreeing and valuing this step, it was seldom seen in THC. The next category of discomfort, assumptions, and fears begins to unveil reasons why.

Discomfort, Assumptions, and Fears

The prominence of coordinating committee members indirectly communicating through middle liaisons as opposed to directly communicating with community content experts can be seen as a result of discomfort, assumptions, and fears. Some committee members, like this one, assumed CMs were too preoccupied to give attention to decisions made about their health, saying, "Sometimes there are people that are so entrenched and distracted in the system that that's [health is] not their priority." Another committee member shared,

There are people with lived experience. I would love for them to also be on the board of directors, but I think that might be a bigger leap. I guess this is kind of an assumption but going from that to just serving on the board, I think some, just

generally, are older or they're disabled or they do work so they wouldn't be able to have the transportation or the time to meet when the regular board meets.

The coordinating committee member is correct in identifying their assumption that CMs cannot be more involved because of age, ability, transportation, or time. This assumption is also deeply rooted in narrow-mindedness, which can be connected to discomfort and fear when working with different people. In this case, it pains me to see narrow-mindedness as a barrier to direct communication with CMs and potential leadership opportunities available to CMs. When further asked about this assumption, the coordinating committee member shared that additional concessions would need to be made for such a CM by saying,

If someone was like to go from like leading a project or being part of a project to like serving on the coordinating committee, that might be a bigger leap. And, so there might have to be some, um, like training or education to get it get from like leading a project or serving on a project to like serving on the coordinating committee.

Requiring additional training and education for a CM to be successful on the coordinating committee is another assumption and does not truly consider the lived experience assets CMs can bring to the collective impact model.

Another coordinating committee member shared in frustration, "I don't know that we're going to ever get people to be accountable," when referring to CM engagement levels. In saying this, this person was connecting a lack of CM engagement in THC events, meetings, and processes with a lack of CM accountability. This is an assumption

that does not consider alternative reasons for CMs to be disengaged, like lack of invitations to participate.

Despite these assumptions, when I asked CMs if they would be interested in attending and participating in meetings to improve the health of local CMs, every CM interviewed expressed interest. Unfortunately, all of these CMs were unaware that they were welcome to be involved or attend such meetings with THC, or as I also referred to it as the group of people that make the CHW program possible. All of these CMs were differently abled and had transportation needs, but they expressed they would be willing to go wherever the meeting was if it meant they could help others like them.

Other coordinating committee members strayed from ever starting community interactions because they feared the lack of authenticity of the interaction. "For me to go in, that's not authentic to CMs." Although there is validity to this concern, it should not be a long-term excuse. And, there are other committee members that saw through these excuses, saying, "A lot of times we use that as an excuse because we don't want to talk to people we're uncomfortable with."

To be fair, the fear of engaging with strangers was felt by all THC populations, just differently. There was a great intimidation factor felt by CMs and CHWs. They did not see or feel the value they could bring. Even given the chance to take on a role with the coordinating committee, one CHW said, "It is something I care about. I'm not a good speaker. I'm not confident enough. I'm not really good at explaining things. I just didn't see the potential." This same CHW was incredibly outspoken with CMs and CHWs, so it should be made clear that her discomfort was specific to THC leadership.

Discomfort, assumption, and fears are some of the reasons why community narratives were mostly understood through indirect communication. Thus, the tendency to use middle liaisons was a work around because of these problems. Consequently, these indirect communication methods and their frequency bolster the next theme, “communication channels are unclear for community narratives.”

Communication Channels are Unclear for Community Narratives

With THC members unsure of the proper pathways to communicate with other members about community narratives and/or THC decisions, additional relational aspects and communication challenges materialize. Blind trust by top decision-makers, distrust at the community level, feedback loops, and flexibility tradeoffs undergird this theme of “community channels are unclear for community narratives.”

Blind Trust by Top Decision Makers

Trust was discussed in every interview and meeting. Depending on your role with THC, there were very different responses. The coordinating committee was confident with their trust in each other and the collective impact processes. So much so, one member was somewhat defensive when I asked about trust. They said,

I don't think about the trust issue. I can't. I take it as a given. I trust that everybody that's in the collaborative in what we're working on. I think that fact that they're talking about needing a foundation of trust makes me think people think there's a lack of it somehow.

I should not have been by surprised by the reaction. One of the staff and coordinating committee members warned me, "People that I interact with most, that group of 20 people, think it's [THC is] the best thing." And, most committee members

continued to sing the praises of THC and its processes. One member stated, "THC is one of the few spaces in this region where people are aware of what's going on and they want to share and they want to know." Another mentioned,

Sometimes it is so large that it's hard for every member of the coordinating committee to really be able to make fully informed decisions necessarily. But I think we have enough trust within each other that we're trusting people who are experts or who did help develop that project to be honest and representative of that and help the group make the best decision known. So, I think that there's that trust to where even when I'm not the most in the loop about a particular opportunity or grant or something like that, I'm going to trust the opinion of someone else on the coordinating committee.

Even if processes were unclear or informal, there was a trust within the coordinating committee that everyone knew how it worked and it was working flawlessly.

That coordinating committee trust extended to the CHWs. One staff and coordinating committee member said,

CHWs are really a big part of bringing that to the larger health collaborative meetings, and then it comes up to the coordinating committee level, which kind of decides or votes on more of a policy agenda. And we haven't done that really formally, but we have kinda done it formally a couple of years.

There was a coordinating committee trust that CHWs communicate community narratives at meetings and back to the committee; however, this trust or expectation was not appropriately conveyed to CHWs, as they were not aware of their role or importance.

This is surprising that committee members still affirmed the collective impact process is hearing community narratives sufficiently from CMs. It is mostly a surprise because collective impact research exists, along with a strong regional community

narrative, that suggests CMs do not have a strong voice. When asked about this in interviews, committee members insisted, "Everyone's going to have a chance to have input. It's the backbone structure... they're engaging just as much at the community level as they are at the coordinating committee level."

Subsequently, the coordinating committee's blind trust makes it more difficult to fully understand community narratives and witness their own blind spots, which illuminates the next category of distrust at the community level. Both, blind trust and distrust decreased the clarity of THC's communication channels.

Distrust at Community Level

Even when the staff or top-level decision makers thought they were effectively reaching out to the community, there were barriers of distrust that they did not see. One staff and coordinating committee member recalled,

You have individuals that will say, well, we're doing everything that we can do, we have this program going on and we're doing everything we can to market it, promote it, but nobody's coming. Nobody wants to listen, nobody wants to take part. And I'm one of those people that process things like as you're talking, like I'm just thinking well that population that you're serving, they may not take from you. So maybe you need someone to go in... that maybe looks like them to potentially talk about these programs, or not even so much as that. But maybe that program is something that is of no interest to whatever population or whatever area or region that you're serving.

Offering community services without any community buy-in contributed to a lack of engagement and, ultimately, trust between the populations. The community acknowledged THC leadership was trying to help, but it was their version of help and not actually meeting the most important community-level needs. A CHW framed it as:

Of course, they [THC] want to help. Of course, they going to do everything to interpret their way of helping. But, some, a lot of, people look at it, 'that's just what they want to do.' They need to understand this is what we need or this what's going on. These are the needs that need to be met. But, I feel like we rebuilding the outside foundation instead of digging in the roots which is inside.

Then more simply shared, "They [community] don't think help is help." Witnessing traditional leaders with power and money offering to solve problems that are of low priority to CMs, like providing free exercise classes, is especially devastating when higher community priorities, like providing a homeless shelter for women and children or building more sidewalks, have been denied funding or services, according to CMs. These repeated offenses to the community continue to build distrust. This was a common problem because different populations often defined the greatest needs differently. In terms of THC, CHWs confirmed that "in some of the communities that we work with, health is not the main priority," as also portrayed in the homelessness community narrative.

Despite these low trust building odds, many organizations have historically come into the Danville, Pittsylvania County, and Caswell County communities, gained trust, created successful projects, then left. During those times, CMs took the risk of trusting newcomers, only to be disappointed, abandoned, even subjected to harm. So, THC is up against a tough legacy of community distrust. Even CHWs that were from these communities had to work against this barrier, saying, "some of them don't want to tell me things because they think I'm going to tell Danville Regional Housing Authority because that's going to put them out of their house, like they don't have the trust." If even CMs

lack the position to help and trust one another, it will also be very difficult for outsiders and traditional leaders. This is discussed in the next theme.

History aside, some saw inequality in the present efforts, which made them distrustful and decline participation. A CHW remarked about their community in comparison with a more affluent community, "I don't feel like we are getting the same services." And, more specific to THC, a staff and coordinating committee member said, "I've taken issue with the idea that there's this nebulous committee somewhere who you have to go through for permission to do projects. That flies in the face of what we're doing." Meaning, many CMs dislike the idea that they could unanimously vote for a certain project that stands a chance of being rejected by the coordinating committee or funder without explanation to the CMs.

This history of distrust and inequity aggravates the amount of pressure applied to CMs that speak out to strangers, especially strangers that hold decision making power for their communities. A CHW empathized with CMs, "Some are embarrassed. Some are scared they're going to get judged if they use their voice. If others are open to it, they're not afraid to share their story." Fortunately, CMs have started to gain the impression that THC was, indeed, open. There was hope and change was beginning. A staff and coordinating committee member commented that CMs were "tired of not saying anything now. They've realized that if they stand up and speak, someone else will stand up and speak." Slowly but surely, confidence in sharing community narratives is growing. To maintain this growth, it is imperative to clarify THC's communication channels. One way

to do this is through well-defined communication feedback loops. However, it is pertinent for these feedback loops to be understood by all THC members.

Feedback Loops

Reflective of the previous two categories, the coordinating committee has a lot of faith in THC's communication feedback loops. A representative from the coordinating committee voiced, "I feel like there is that short feedback loop system that people can feel like their voice or concern is heard and taken legitimately." Another coordinating committee member said, THC has employed a system of intaking "open-ended input and structured input" from CMs.

On the other hand, CHWs and CMs did not even know what these feedback loop systems were or how they worked. One CHW shared what many others expressed by saying, "I don't know exactly what we do besides what we have at the meeting." And, a CM said, "A lot of people just don't know where to go."

Surprisingly, a major barrier for the feedback loops was identified by a staff and coordinating committee member. They said, "When you give other people power, you don't lose it yourself necessarily, but I think that's the perception and nobody would say that out loud." This staff member was referring to the power that the coordinating committee and THC funder, DRF, preferred to hold on to for themselves. This type of positional power is further addressed in the next theme, but it is important to note here that it was a barrier in empowering CMs to communicate within THC.

Staff understood that the feedback loops need to be worked on. But, *how* is the question. The lack of collective impact literature on how to do this leaves practitioners wondering. A staff and coordinating committee member commented,

We just haven't created enough venues to hear them, for CMs to talk, tell us about what they're dealing with every day and how they see that we should move forward. So, if we had more opportunities to do that, I'm not sure what that would look like... How do we create that structure so that there's consistent ongoing communication flowing both directions? Which we have not nailed yet, but I think we're working on it.

If all of THC can acknowledge the absence of working communication feedback loops, the next question is how to “do” feedback loops in a way that creates clear communication channels for community narratives. When considering this question, tradeoffs between flexibility and intentionality become evident.

Flexibility Tradeoffs

To start, THC has always had an intentionally flexible structure. A staff and coordinating committee member shared

They didn't want to become a formal entity because they didn't want the board. You know, you've become a 501c3, then your board has the power and then all of a sudden all the democratic, um, decision making goes away. They want everyone to still have a voice, um, but then when it gets big and all of these different things going on, and then you get like branding, like you're starting to make decisions and like, people can't just run with things because the logo has to look right and you put all these limitations and rules in place. And it limits people's ability to participate. But then like I said, at the same time, when you don't have the reasons why specific things happen, then people think backdoor decisions are being made.

This is ironic because the coordinating committee essentially fulfills a board function anyway by making final decisions on funding, strategy, and structure. However, the

tradeoff between “limitations and rules” and everyone still having a “voice” is very real in collective impact models.

While THC tries to avoid traditional organizational structures, there are tradeoffs. For instance, goals “to address social and economic factors, such as education and children and poverty (2020 County Health rankings)” were discussed in a recent mass email. These goals are relevant but are delineated nowhere else in THC literature available to the public. In other words, there is a flexibility to invent new goals and adapt strategies to meet them, but these quick changes may leave many THC members behind or in the dark.

Flexibility in THC means it will likely be unclear to many what is happening and how. However, it does successfully open the door for opportunities for the community to discuss anything without limits. One staff and coordinating committee member uses this flexibility to "have a better conversation as CMs and how we can build those relationships in a way that it doesn't matter what difficult topic we're discussing." This is important because as time passes and structures change, this type of community investment in communication will persist.

Another committee member voiced an appreciation for THC’s balance between flexibility and intentionality. To maintain a balance, they said it is essential to "continue to evaluate what we want to do, what we want to be." Constantly evaluating the structure and operations of an organization is a great practice no matter what. Yet, it is apparent that THC needs to work on communicating its adjustments to all of its members. Both,

flexible and intentional communication channels will empower the understanding of community narratives; they just need to be made clear to everyone.

Community Narratives are not Prioritized in Decision Making

With unclear communication channels and misperceptions of community narratives, there is no failsafe to ensure collective impact model decision-makers, in THC's case the staff, coordinating committee, and DRF board, are operating on accurate information. However, false or incorrect community narratives did not seem to be a major issue in collective impact models because, unfortunately, they are hardly even considered in decision-making, and certainly not prioritized. This theme, "community narratives are not prioritized in decision-making," is supplanted by three important categories: (a) leadership's priorities, (b) positional power, and (c) in/visibility.

Leadership's Priorities

THC interviews, literature, decisions, and online dashboards show that recreation and healthy food access are major goals and priorities. Staff and coordinating committee members confirmed the importance and desire for these projects. Conversely, none of the CHWs or CMs interviewed identified recreation or access to healthy food as priorities for themselves or their communities. They identified homelessness, transportation, and healthcare affordability as top priorities pertaining to personal and community health.

Some staff try to advocate for more programs that address genuine community needs, but said that THC funder, DRF's "board is more conservative. Moving up the chain, there's only one person up the chain. He just doesn't think the board will buy that." So, THC is ultimately at the whims of the man "up the chain," the DRF President, and its

board. In interviews, it was vocalized that the board and foundation prefer to invest in projects with tangible returns to justify their expenses. One coordinating committee member empathized, saying, "When they don't see a direct return, it's really hard." Thus, the president and board prioritize funding projects with measurable infrastructural improvements, like with recreation and food access. Meaning, more vague projects like resolving homelessness, which can take more time and investments to see tangible results, can be pushed to the back burner or voted down.

Reflecting on this leadership dynamic, one staff member thought it was necessary to "start changing the culture at that traditional leadership level first, before asking CMs to engage in a process that wasn't ready to receive them." I would like to think this could happen simultaneously to other THC initiatives; regardless, it is an important step. If leadership is going to change their priorities from meeting outcomes to serving genuine community needs, a culture change is required. Either way, it is clear that leadership is not prioritizing community narratives in their decision-making processes. And, as of right now, there seems to be little movement to change that because a structure of positional, unchecked power is at play.

Positional Power

Another reason community narratives are not considered in decision-making is because of positional power. Traditional leadership in Danville and its structures are incredibly engrained in the local culture and ethos. Several THC members commented that the "Milltown kind of mentality" persists, meaning "the history of this community is kind of like a superhero or there is a handful of people who made a lot of decisions and

people thought that they should be able to make them." In other words, part of this mentality is that positional leadership should make the decisions for the community at large.

When trying to be more community-minded and democratic, the legacy of positional leadership endures. In an attempt to bring in more community narratives into the decision-making processes and diversify the coordinating committee, which is mostly white professionals, THC is "creating more opportunities to lead" via new chair positions. Even community engagement is now funneled into a chair position. Limiting community engagement to a select position keeps power at the top level, as opposed to sharing it democratically within the community. Expressing a desire for more CMs and CHWs to be involved, one CHW appropriately voiced a critique of the community engagement position by simply asking if there can be "more things that can be all of us as opposed to being separated?"

Another barrier to positional leadership for CMs may be the staunch application process. Especially if CM and CHW comfort levels with THC leadership are an issue, as has already been identified, filling out an online application can be daunting, even more so if you do not have computer or internet access in your home and you are housebound. Why an application is a requirement for a CM to engage with THC in a more meaningful way would be an insightful question for the staff and coordinating committee to consider.

Even in moments of confrontation with these barriers to genuine community buy-in, there can still be defensiveness for traditional leadership by THC. A staff and coordinating committee member said,

There's this perception, I'm sure there is that, "How did the coordinating committee get to be in power? Are they making all the decisions?" And I know, you know, if you only come to the meetings once a month or once every other month, then it could seem pretty, not seem very democratic.

Despite privately acknowledging this popular community perception, staff have not addressed it publicly with THC members. Furthermore, they continue promoting positional power within their collective impact model, minimizing the use of community narratives in THC decision-making. These actions lead to an in/visibility keenly felt by CMs.

In/visibility

Community-led decision-making is a THC value, but it is not clearly being executed. This falls into in/visibility, meaning CMs are seen when THC wants them to be seen, like on websites and promotional materials; but, CMs are not seen when traditional leadership does not want them, like on the coordinating committee making important decisions. A staff and coordinating committee member explained this dynamic:

We've always said we stood for 'residents in the community need to be the ones deciding what the solutions should be.' We've really struggled with... I think we're doing engagement, people that are a part of the decision-making process, but we haven't done very well actually putting residents in the driver's seat.

Another staff and coordinating committee member corroborated this, saying,

We make a lot of decisions for people that we're not even talking to, and so it's like we develop these programs, we put so much money into certain things and then it flops. Well, why is it flopping? That may be something that was not needed for that particular community, but it would have, we could have saved money. We could have a sustainable program if we would have brought somebody from that community to say, Hey, what can we do to help what's

needed here? What will strengthen this area? Um, what will make you feel equitable and this, you know, in your community? Um, I think bringing them to this table, I mean, it's just, it's just the right thing to do.

And, a CHW put it more succinctly, "Decisions are made for people, but the people that it really effect don't have a say so."

One CHW pushed this point even farther, saying there is no community representation at all. "I don't see anyone, any community leaders of the communities that we actually fit in and we are a part of. I don't see anyone, no familiar faces or anything." This CHW spoke from their personal experience and acknowledged that they were the only THC member from the community they serve.

Still, meeting attendance and other interviewees' recollections do place some CMs in THC meetings. Yet, they have concerns about the community presence in those meetings. One staff and coordinating member shared how in/visibility originally refers to race representation, but it can also be applied to regional representation. This person shared that even if minority representation is in the room, they are often out voted. Visualizing this type of in/visibility, they explained,

If you have a group of people in a room that are all talking about strategies and how to make things better, and there's ten people in the room, two of them are from Pittsylvania County, one of them is from Caswell, and the other seven's from Danville, that strategy is going to end up being Danville centric.

Analyzing THC's accomplishments, this line of thinking has been confirmed; most of the accomplishments are Danville-centric even though THC espouses to serve all three regions.

From the outside perspective, differences between the counties and city in the Dan River region might not be apparent. But, one CHW validated these differences by sharing, “I’m from the County. Um, and it was kind of a culture shock for me from, from here to the city. And I mean, and I’m only like eight miles away from here and being in the community.” Since experiences in these different microregions vary, it would be worthwhile to capture that information from CHWs and CMs that have successfully straddled working for THC in more than one area. Such information could be useful in adapting collective impact model practices from one region to another.

Even if a CM from one of the counties strongly communicates their point or community’s narrative, they are often overshadowed because there have “never been enough voices from the other areas to balance the conversation.” And, coordinating committee members have witnessed this in/visibility with regard to race, too, saying,

It was a very white room and the room was primarily filled with traditional leaders, most of whom did not live [here]. It was very much an environment where we were about to plan for a bunch of people that weren’t in the room.

These testimonies show that in/visibility applies to collective impact decision-making, but it is also a factor in THC practices within the greater regional community. One CHW shared what many others agreed with, “One of the reasons why they [CMs] are going back [to the hospital] multiple times is because they feel [their issue] wasn’t addressed the last couple of times that they went.” Clients felt like they were being checked off as “seen patients” by hospital personnel, but their concerns were not listened to or taken seriously. This contributes to the belief that this in/visibility problem is

effusive. If THC is one of the best collective impact models, one of the best things occurring in Danville, and they are having problems with in/visibility, what about the collective impact models and regional efforts that are not as strong?

This misrepresentation and being spoken for circles back into more community distrust. Begging the community to ask the question posed by a coordinating committee member, "Do you really want equity if you're excluding certain populations just because they're difficult to work with?"

In short, it is clear that because of in/visibility, positional power, and leadership's priorities, community narratives are not being considered in THC decision-making.

Summary

As shown in this chapter and the previous one, relevant data collected for this study justify the following five themes: (a) community narratives are understood in multiple ways; (b) community narratives are best understood with direct communication; (c) community narratives are mostly understood through indirect communication; (d) communication channels are unclear for community narratives; and (e) community narratives are not prioritized in decision-making. This data informs a better understanding of how CMs' narratives are included in collective impact models and ultimately used (or not) in organizational decisions. Moving beyond this isolated THC example, I connect these findings to relevant research in the Chapter VI: Findings Analysis.

CHAPTER VI

FINDINGS ANALYSIS

Introduction

As discussed in the Chapter II literature review, I sought to conduct a findings analysis during the research stage to advance the data findings' breadth and depth. Just as it was nearly impossible to predict what the findings to my research questions would be, it was also nearly impossible to build a literature review to completely support those findings before the data collection process. Analyzing the literature in tandem with my research's findings better informed me as a researcher and provided a deeper understanding of the greater academic context of these findings.

The burgeoning of the collective impact field offers even more reason to conduct a findings analysis. Over the past two years, there has been a great deal of additional academic research to be published and advance the field. The Chapter II literature review was mostly completed by April 2019, which by default did not include more recent relevant studies. I was able to include more current research this way, especially work being utilized by THC after my interviews were conducted. As of October 2020, THC started including more research based on community engagement in its discussions, so I have included that in this analysis, too. In this chapter, I will review many of these studies within the context of the data findings.

A major aspect that the collective impact literature brought to light was that just as important as understanding community narratives was undoing practices or environments that can be harmful to understanding community narratives. While this aspect was not reflected in my research questions, it still emerged as relevant data in interviews. This findings analysis provides the perfect space for this pertinent discussion.

This chapter is an analysis of the literature while asking, “How are narratives of community members understood by collective impact models, and ultimately used in decisions?” This discussion is organized by the five themes and their subsequent categories that I introduced in Chapter V.

Themes

Community Narratives are Understood in Multiple Ways

No personal story or community narrative is understood in one way. They are understood in multiple ways. They are understood individually, by a systems approach, by multiple other ways, and interpreted through context.

Individually

In the data findings, all interviewees agreed that the best way to understand community narratives was on an individual basis, or one personal story at a time until a collective of stories were understood as a narrative. The literature brings forth two additional aspects to consider with this category: pace and intent.

White and Blatz are two of collective impact’s staunchest defenders who also just happen to be leaders with Strive Cincinnati, one of collective impact’s formative examples. They use Stewart Brand’s concept of pace layering to understand community

narratives within their collective impact work. Within Stewart Brand's (2018) concept of pace layering, he proposes "six significant levels of pace and size in the working structure of a robust and adaptable civilization. From fast to slow the levels are:

1. Fashion/art
2. Commerce
3. Infrastructure
4. Governance
5. Culture
6. Nature. (Brand, 2018, p.1)

Byron White and Jennifer Blatz (2019) use this model to point out that collective impact, with its emphasis on institutional processes, has been biased toward the slower layers of Brand's ecosystem, like governance, nature, and culture. They argue that collective impact models have failed to recognize the outer, faster layers that are equally essential. White et al. (2019) reflect, "As a result, we may have shortchanged ourselves in terms of the learning and innovation that these layers can bring and perpetuated within the ecosystem an imbalance that, arguably, has thwarted continuous learning" (p. 54).

According to this study's data findings, the faster layers of fashion, art, and commerce impacting THC could be perceived as messaging on social media, texting chains, pop-up events, and quickly organized demonstrations in response to national or local injustices. Because actions in these faster layers often occur too quickly for institutions—like THC—to organize a response, community narratives in these layers are often overlooked. White et al. (2019) expand on how this occurs in collective impact

models, “fast learns, slow remembers. Fast proposes, slow disposes. Fast is discontinuous, slow is continuous... All durable dynamic systems have this sort of structure. It is what makes them adaptable and robust” (p. 53). An example of a misunderstood fast-paced community narrative could be a CHW’s suggested solution to a health-related issue in a brainstorming session, like “The kids in the Green Streets neighborhood would probably ride their bikes outside more if their streets’ potholes were repaired.” A community narrative like this one is fast for people to learn about the community, fast to propose a solution, and fast to fix, but does not necessarily provide slower, systemic, continuous change. The literature suggests that for collective impact models to work well with fast, as well as slow narratives, especially when broached by community-minded individuals, community narratives must be taken into account. For THC, this could mean working harder to include fast narratives in decision-making processes so they are not overlooked. This insight is based in Constructivism because it builds information for decision-making from what CMs say.

In similar narrative-based research, narratives learned on an individual basis often “identify with struggle, rather than with success” (Levinson, 2012, p. 123). Moreover, these narratives are often reported by “young people and adults who are non-White, for the most part grew up poor” (p. 123). This brings light to the intent of understanding community narratives. Yes, it would be great to understand and use these community narratives in collective impact decision making in order to increase THC’s, and any other models’, representation of community interests and perspectives. But, it should be noted that the intent alone can make a positive difference. The intent to understand community

narratives improves relationship building with individuals and community by also exhibiting an intent to un-do previous harm and show care (White et al., 2019). This intent can be just as important as actually understanding community narratives. Knowing a collective impact model, like THC, has the intent of understanding community narratives for decision-making builds community and individual trust, as I discuss in more detail later. Such action is undergirded by Black feminist theory and Postcolonial theory because it empowers often marginalized narratives and the communities that tell them. Sharing power outside of the traditional power center works to deconstruct inequitable power structures and re-build trust.

In short, collective impact models would do well to clearly communicate their intent to understand community narratives and purposefully do so at slow and fast paces. Such an intent can be communicated individually, but it might be quicker or more meaningful on a broader level, bringing us to the systems approach.

Systems Approach

While learning community narratives on an individual basis is THC's best strategy. It should not be over-favored. Like Margaret Thatcher's famous belief, "There is no such thing as society. Only individuals and families," it can sound great, but this can also give rise to the worst parts of capitalism, Darwinism, and pitting all problems on individuals, instead of societies and their structures. Thus, it is essential to balance individual perspectives with that of systems.

While the "systems approach" was frequently referenced during data collection and in the literature, it is important to clearly define its meaning due to its widespread use

across many sectors. The most common definition—and one reasonable for our collective impact purposes—is that the systems approach is “essentially a way of perceiving and thinking through a problem by identifying and focusing on the critical elements pertaining thereto” (Chen, 1975, p. 34). For THC, it would be focusing on the myriad of specific elements that impact the Danville region’s health, like social determinants of health for example.

Many collective impact model practitioners believe that the systems level is the best place for them to intervene. Gerald (2019), who funds collective impact models focused on health equity in North Carolina similar to THC, said,

At the systems level, [collective impact models] change the contexts that shape the way people live and recreate. This approach can take many forms. Foundations can help communities make better-informed and more equitable decisions by extending technical assistance, content expertise, data analysis, and outcomes monitoring. We can also responsibly build the capacity of grassroots organizations, especially organizations led by people of color, to participate in health campaigns. We can encourage creative partnerships and fund public education and advocacy on select topics or finance the development of effective messages. (p. 5)

While such a systems approach seems very positive, it keeps the funder in the collective impact driver’s seat. If it is the funder’s goal to remain in the leadership role of a collective impact model, these approaches seem very effective. However, as I discuss later, if the collective impact model wants to be more community-minded, the strategy behind systems approaches may need to be re-thought, especially so community narratives play a more significant role. Postcolonial and Critical theories are useful lenses in analyzing this dichotomy. On one hand, working within current power structures can

be a great way to challenge traditional practices, including the understanding of community narratives, to be more equitable. On the other hand, it reinforces central power structures and maintains the status quo of limiting the sharing of power and narratives with CMs. Thus, multiple approaches to understanding community narratives should be considered.

Multiple Approaches

The multiple approaches in which community narratives could be understood in collective impact models were discussed at great length in the Chapter II literature review. One prolific approach unveiled during data collection was with THC's Caswell County chapter counternarrative approach. They demystified the notion that there was one true community narrative that "Caswell is a friendly place where neighbors help neighbors." To do this, a few volunteers created the worksheets shown in Figures 6.1 and 6.2. Then, they attended community events, like farmers' markets and fairs, set up booths, and encouraged children to color and write their experiences on the worksheets. Through these efforts, the volunteers collected thirty completed worksheets from Caswell County children. Then, at various community meetings, the volunteers would ask everyone that gathered, "What do you think about Caswell County?" At each meeting, many of the participants agreed that Caswell County was a "friendly place where neighbors help neighbors." Once the group at the meeting actively agreed on the narrative, the volunteers shared the young people's illustrations of their interpretations of Caswell County, and many of the pictures and words represented counternarratives.

Figure 6.1 Example of One Child's Perceptions of Caswell County

Name Email

It has
Schools

It needs
Teachers

My Community
Caswell County

I wish it had
Friends

I also wish it had
W + I Park

Adapted from materials created by Lori Rosenberg ©Teaching With Love and Laughter

Figure 6.2 Example of a Child's Perceptions of Yanceyville, the County Seat of Caswell

Name _____ Email _____

My Community

It has
A nice park

It needs
More kids

I wish it had
less mean People

Adapted from materials created by Lori Rosenberg @Teaching With Love and Laughter

Note. Captions are added since the child wrote in yellow marker making visibility difficult.

For example, Figure 6.1 shows a child wishing for more community support in the form of teachers and friends. Figure 6.2 similarly shows a child wishing for more kids and less mean people, begging the question who is being mean to children in Caswell County, and why? Challenging the former “friendly” narrative with the young people’s counternarratives opened many people’s eyes, especially of dominant white backgrounds, to the variety of perspectives in Caswell. Moreover, these CMs’ narratives are used as positive change narratives (Harwood, 2014, p. 39). Leveraging a counternarrative in this

way can be quite influential in empowering communities that have been gaslighted by dominant narratives of white people in power (Levinson, 2012). It can also be used to educate those in power to their own blind spots (Levinson, 2012). Validating narratives as data that can change perceptions and, ultimately, decision-making in collective impact models is undergirded by these same ideals from Black feminist thought and Constructivism. Since this shock and awe approach, the Caswell chapter has surprisingly met little resistance to their varied and socially-just approaches to better understanding community narratives.

Addressing the systems approach category's issue of hoarding power in collective impact models, White et al. (2019) identified an alternative way to modify Strive Cincinnati's data-centric systems approach to empower the community. They "shifted its data support efforts from reporting findings to the community to equipping grassroots organizations with the data collection and analysis tools they need to make decisions on the ground" (p. 54). This is a great response to the common community empowerment question, "What if we were all educated so we felt our own voice mattered?" Instead of telling a systems approach narrative to the community, Strive Cincinnati gave the community the data and tools to tell their own narrative in new and innovative ways. A Postcolonial and Critical lens is helpful in seeing the power shift and re-distribution to community here.

Shifting approaches is also a great way to connect with different contexts. More Stanford Social Innovation Review contributors shared their support of multiple approaches in collective impact models. They said,

Our purpose is not to suggest one singular model, but rather to demonstrate that communities may find that different approaches are better suited to their current environment, the population served, the problem each community is facing, and existing partnerships within a community. (Wang et al., 2020, p. 36)

Moving away from panacea prescriptions for collective impact model goals and ailments, returns decision-making power to the practitioners and, hopefully, CMs on their efforts' strategy and outreach. To review this topic more deeply, I analyze current literature related to the next category: context matters.

Context Matters

In the Chapter II literature review, prominent collective impact critic, Harwood, shared that civic culture needs to come first in collective impact models and the simplicity of any message cannot be overrated (2014). These views were bolstered in the data findings and more current collective impact literature. From collective impact model structures to their culture, it is found that community narratives can be and should be the dominant influence in their shaping.

Wang et al. (2020) found that the most successful collective impact models adapt to the needs communicated by communities and their narratives. They found that in these successful models "context and peculiar characteristics influence the adoption of a particular model of collaboration" (p. 36).

Funders have also found that investing in efforts to support community context have the greatest impacts. A funder with the Reynolds Foundation said, "We believe that efforts to address community context, to go beyond just one program or a single playground, hold the greatest potential to make an enduring difference" (Gerald, 2019, p.

4). This is relevant because the community context for every collective impact model is different and unique, rendering panacea prescriptions obsolete in favor of customized approaches.

White et al.'s (2019) practice and research continued to emphasize the prioritization of community context in collective impact work. They recommended:

The work of the partnership must be grounded in the context of the community. Partnerships engage a broad array of community voices through building awareness and information sharing; involving and mobilizing the community toward improvement; and co-developing solutions and strategies with community members. (p. 52)

Their work shows that understanding the context not only makes it easier to comprehend community narratives, but it can also advance collective impact initiatives in various ways.

More specifically addressing the Caswell County chapter's use of counternarratives, narrative theory expert, Rappaport says using narratives in this way can give power to the CMs and work to dismantle former power structures. "Since narratives are a tool that can give or take power, narratives, themselves, have power and are a signal of power" (Rappaport, 2000). Caswell County chapter's challenging community narratives of rich, traditional leaders is a way to take power from those that traditionally hold it and re-distributing it to CMs. Using shared narratives as a resource and power source, like the Caswell County chapter has here, embodies Black feminist and Constructivism theories in action. It further builds off of Postcolonial theory by working to re-build power structures in a more equitable, community-minded way.

Showing children's perceptions of mean people and lack of friends in Caswell County also serves as a counternarrative to the traditional, dominant friendly Caswell narrative. This demystifies the notion that there is only one true community narrative, and, in fact, many CMs experience Caswell County quite differently.

Additionally, it brings what basic qualitative researchers refer to as *awareness context* to the forefront. Awareness context includes silences, lies, and secrets as part of the understanding in the findings analysis. "The range of possible contexts is from secret to all, to open to some, to a context where there is some suspicion, to an open awareness context where everyone knows (and everyone knows everyone knows)" (Glasser, 1978, p. 267). In the context of the Caswell County chapter and their presentation of the friendly community narrative and children's counter narratives, it was unclear if all meeting participants were aware of multiple community narratives that were in conflict with one another, but addressing them both candidly at meetings created an open awareness context committing to everyone knowing. In a way, sharing these community narratives leveled the playing field in terms of knowledge for Caswell County chapter participants, making strides towards a more equitable community.

The same, tired community narratives will maintain the status quo, not change it. Alternative methods, like counternarratives, can be maximized to challenge the status quo. For like Audre Lorde said, "the master's tools will never destroy the master's house." So, in order to dismantle the master's house, different tools need to be used.

In summary, I have reviewed the literature on how community narratives can be understood in multiple ways, including on an individual basis, through a systems

approach, through multiple approaches, and by considering context. In the next section I focus more on the best approach for understanding community narratives, which is by direct communication.

Community Narratives are Best Understood with Direct Communication

Four ways to best understand community narratives with direct communication are through personal experience, first-hand knowledge, content experts, and teamwork. The collective impact literature advocates for this communication method, as well.

Personal Experience

Hands down, researchers and interviewees alike agreed that personal experience is one of the best ways to understand community narratives through direct communication. In fact, there was no literature or person that refuted this claim. So, the theory clearly supports this claim; however, as I initially questioned, there is a disconnect between theory and practice.

Patricia Hill Collins, the seminal scholar of Black Feminist Theory, is one of the most profound advocates for people's personal experiences to be considered as relevant as book knowledge. She says, "Multiple levels of meaning can occur when lived experience becomes valued as a criterion of meaning" (2002, p. 277). In terms of collective impact models, when personal experiences are considered as much as statistics in decision-making, many additional forms of meaning from personal stories and community narratives can be discovered.

Such a strategy could be especially useful in connecting more with marginalized populations. Collins (2002) identified that "women as a group (specifically African

American women) are more likely than men to use lived experience in assessing knowledge claims” (p. 277). Meaning, African American women are more likely to connect with community narratives from:

those individuals who have lived through the experiences about which they claim to be experts. [They] are more believable and credible than those who merely read or thought about such experiences. The lived experience as a criterion for credibility frequently is invoked by U.S. Black women when making knowledge claims. (p. 276)

Since health equity, especially pertaining to marginalized populations, is said to be a priority for THC, using lived experiences to better understand community narratives can be a great way to comprehend the full community more equitably.

Similarly, in the education sector, the disconnect between theory and practice in maximizing personal experiences as a way of learning is keenly felt. Roth (2014) points out, “In the past four decades, narratives regarding curriculum have shifted away from their original experiential core. Rather than focusing on the quality of a shared, lived experience, educational reformers have argued for growth in measurable performance indicators” (p. 1). Although not four decades old, the same idea could be said for the collective impact model and its practitioners. There is a great trend pushing away from assessing community narratives with qualitative experiences and moving more towards quantitative measurements. The much older and wiser community engagement field, which builds off Black feminist, Postcolonial, Critical, and Constructivist theories, has already worked through this challenge with researchers and practitioners. On the whole, there is an academic and practical acceptance to include personal experiences as relevant

assessment data in the community engagement field. Overall, this attends to one of the major critiques of the collective impact movement, which is that it does not appropriately consider the decades of community engagement research and practice in its ethos and pathos. Like Roth referenced with curriculum, the experiential core of community narratives and collective impact models are the origin of this work, which this study and literature suggests should continue to be.

Honoring marginalized personal experiences as a way to understand community narratives does not mean that dominant white experiences are discounted. In my interviews, there was a sense of “white fragility,” a sensitivity and hesitancy to face racial bias in our racist society, with some coordinating committee members that is an important part of this process for THC to address. While white coordinating committee members’ personal experiences might not necessarily include the health inequities that THC is working to improve, it does not mean their experiences or input is no longer important. Rather, they can focus more on gaining first-hand knowledge of community narratives. White coordinating committee members do not need to leave where they are from to gain perspective, they can work on gaining awareness and re-applying a new perspective (Slattery, 2013, p. 23). And, when these experiences and lessons are applied to collective impact model practices “aggressively and consistently,” they can “ameliorate the divisions and hatred we face today” (Slattery, p. 150). This employs Black feminist and Constructivist theories by considering marginalized peoples’ experiences in data used for decision-making.

Bolstering that application would be to include first-hand knowledge. To explore this category more, I review literature focused on first-hand knowledge.

First-hand Knowledge

Similar to personal experience, all researchers and interviewees agreed that first-hand knowledge is an important way to directly understand community narratives in collective impact models. To do anything, you need to first know what you are doing.

Research reinforces the importance of CMs' first-hand knowledge in collective impact models. One article suggested that for a collective impact model to be successful, it is important to "recognize and respect members of the base of the pyramid segment [or community members] as a valuable source of knowledge and skills" (London & Jager, 2019, p. 42). Utilizing such first-hand knowledge to understand community narratives in collective impact models is viewed as best practice throughout the field.

Some collective impact models have made major strides in working to include first-hand knowledge into decision-making processes. It requires extra work and planning, but it has been found to be worth the effort. Not too far away in North Carolina, the Salem Foundation helps "finance a county master recreation plan, which included support for facilitation and engagement to ensure that traditionally marginalized voices played a central role in shaping the plan. We also provided general operating support for grassroots groups that educated residents about the recreation plan and about the importance of a county-level recreation department" (Gerald, 2019). Here a reciprocal relationship between county government and CMs benefit both parties' first-hand knowledge. The county learns more about the community they are serving from its

members and how best to shape their projects as a result. The CMs are empowered to take a more active role in bringing change to their community. The next step farther would be to recognize the CMs with first-hand knowledge as content experts in the decision-making processes.

Content Experts

In the Chapter II literature review, content experts were discussed as a decent way to understand community narratives in collective impact models. The importance of content experts was recognized, but so was the uneven distribution of who is consulted as an expert across the collective impact model populations. This point of inequitable recognition of content experts was proven true by my data collection and more current literature (Keys et. al, 2019; Rappaport, 2000). Few CMs, but several coordinating committee members, were considered content experts.

As a result, much of the more recent literature works to address the dearth of collective impact model content experts at the community level. White et al. (2019) from Strive Cincinnati, one of the three foundational collective impact examples, stated that it has been a problem since the formation of the collective impact model:

We didn't fully embrace the importance of community authority in those early days, nor did we have the tools or expertise to tap into it fully. While we looked to community members to help identify problems, they were not equal peers with institutional leaders in framing those problems or prescribing solutions, let alone leading implementation. We considered their insights but afforded them little direct power in determining how they spent funds, deployed personnel, and assigned tasks. (p. 50)

Instead of Strive Cincinnati, this lack of “fully embracing the importance of community authority,” could be just as much about THC.

To remedy this issue and nine other perceived shortcomings of the “flawed” collective impact model, Tom Wolff and nine colleagues developed six collaborative-practice principles that promote equity and justice in lieu of collective impact models. Their first and biggest critique is “collective impact does not address the essential requirement for meaningfully engaging those in the community most affected by the issues” (Wolff et. al., 2016, p. 42). They believe that community content experts cannot be uplifted simultaneously to collective impact models evenly distributing resources to communities. This draws from Critical and Postcolonial theories by questioning the distribution of power. If collective impact practitioners are empowered to distribute resources to communities, collective impact model leaders still hold the power. If community content experts are uplifted, then they can share in the distribution of resources and power. Many collective impact critics agree with Wolf et. al (see Christens & Inzeo, 2015; Harwood, 2014), but prominent authors in favor of collective impact models are not swayed (see Cabaj & Weaver, 2016; White et al., 2019).

One such collective impact model advocate, Laura Gerald (2019), who funds THC-like Neighboring Healthy Places NC, described how their initiative does adequately uplift CMs as content experts:

By listening, and we pay particular attention to the voices of the people most affected by poor health outcomes. Working toward a collective goal encourages partnerships, rallies residents, builds momentum, and has a greater likelihood of addressing issues underpinning inequity in health. (p. 5)

Yet, I would argue that listening and paying attention to CMs is not enough; CMs need to be treated at a status that demands respect, like that of content expert or coordinating committee members in collective impact models.

This begs the question: What do collective impact members consider as sufficient understanding of community narratives? A commonly used litmus for evaluating the depth of a partnership in the community engagement field could help address this question. The test is “for or with.” I would counter the previous question with: Are collective impact members understanding community narratives *for* CMs, or *with* CMs? I can see the personal experience, first-hand knowledge, and content expert categories and their ability to understand community narratives answering “for”. But, the next category of teamwork undoubtedly measures on the litmus test with “with.”

Teamwork

During data collection, testimonies from CMs, CHWs, and coordinating committee members who have worked on a team revealed profound understanding of community narratives plus extra benefits of better learning the resources each party has to offer. Additional literature reinforces the depth of connection and learning that occurs with such cross-membership teamwork. It was found that in collective impact models, the more tolerance we have to juxtapose different topics, our learning increases (Seelos, 2020). Learners can be the producers of new knowledge. This is another idea undergirded by valuing experiences or community narratives as knowledge, like with Black feminist and constructivist theories. This was evident with teams finding innovative solutions to longstanding, wicked problems. Like Bloom's taxonomy, actually synthesizing

information and applying it to make a difference exemplifies a deeper knowledge, which also applies to deeper learning of the community narrative. Because such a teamwork approach requires a great deal of time, intention, and cross-membership buy-in, it can be slow and may not deliver tangible results in the short term. Thereby, cross-membership teamwork risks losing support from staff, funders, and communities because it takes too long to show results. For teamwork to be successful in collective impact models, ways to sustain motivation and a sense of progress are necessary.

Since these forms of direct communication consume a great deal of time, effort, and innovation, among other reasons, THC and other collective impact models often opt first for indirect communication methods to understand community narratives.

Community Narratives are Mostly Understood Through Indirect Communication

Contrary to direct communication, community narratives in THC are mostly understood through indirect means of communication. Middle liaisons are the main means of indirect communication. And, middle liaisons are used to indirectly communicate due to discomfort, assumptions, and fears.

Middle Liaisons

While the Chapter II literature review did not directly speak to or predict the prevalence of middle liaisons as a means of communication in collective impact models, the side effects were discussed, specifically when used to avoid direct communication with CMs. Collective impact models were found to perpetuate top-down community leadership practices that glaze over local contexts and needs (Barnes & Schmitz, 2016, p. 1). Working around direct communication with CMs not only runs the risk of

miscommunicating the narrative ala ‘whisper down the lane’, but it could also be viewed as a form of marginalizing (Hatcher & Bringle, 2012).

If THC wants to prioritize health equity, its actions should reflect antiracist practices. Segregating oneself from non-white communities or avoiding direct communication with those same communities via middle liaisons are part of the modern inequitable landscape in the United States (Bonilla-Silva, 2017). Moreover, newer collective impact research supports building direct connections to communities: “To ensure equitable health outcomes, we need to be explicit about... build[ing] transparent relationships with local communities” (Gerald, 2019, p. 5). Thus, although it may be helpful to start communicating with communities via middle liaisons, it is essential to not stop there and to continue building the direct relationship with the community, especially to better understand community narratives. This idea is further supported by Black feminist theory which purports empowering community narratives in research, work, and life. One major reason this critical step is avoided is because of discomfort, assumption, and fears.

Discomfort, Assumptions, and Fears

Some of the reasons why collective impact practitioners opt for indirect communication over direct is due to discomfort, assumptions, and fears. This was evident in the findings chapter (Ch. V). Some collective impact practitioners used evasive language to defend their tendencies to select indirect communication and avoid direct communication with CMs. Projecting opinions on to CMs, like “they are too busy to participate,” was another evident defense given to avoid direct communication with CMs.

Rhetorical moves, such as evasions and projections, are practices of modern inequity in the United States (Bonilla-Silva, 2017).

While inequity was not particularly anticipated as an issue in the Chapter II literature review, the onus is on collective impact members to take antiracist actions, instead of expecting CMs to take charge (Hatcher & Bringle, 2012, p. 32). It seems collective impact models still have a lot of work to do to address practitioners' discomfort, assumptions, and fears in order to appropriately communicate directly with CMs and be fully prepared to understand their narratives. Working with black feminist, Postcolonial, Critical, and Constructivist frameworks could provide collective impact practitioners the tools and knowledge to do just that. One positive way to ameliorate this issue would be to create clear channels for communication on topics like antiracism that are encouraged through the collective impact model. However, they are currently unclear.

Communication Channels are Unclear for Community Narratives

In addition to communication *styles*, the channels through which that communication takes place is equally important in collective impact models. With continuous communication being one of the five key conditions for collective impact models, it is of little surprise that communication was a prominent topic during data collection. There was also a lot of literature available on structures, like with the feedback loops and flexibility and intentionality trade off categories. However, the impact of trust on communicating community narratives, in the blind trust by top decision-makers and distrust at community level categories, was not predicted. Despite trust and communication being a well-researched topic in the longstanding community

engagement field, its long-term impacts are just being assessed and captured in the newer collective impact model literature. Such an oversight embodies the critique that the collective impact model body of literature seeks to re-invent the wheel, as opposed to learning lessons from a wealth of community engagement research. Thus, I juxtapose the findings within the newer collective impact literature and broader community engagement literature by category.

Blind Trust by Top Decision Makers

Within THC's coordinating committee, blind trust was evident, especially in terms of understanding community narratives. This type of blind trust is representative of groupthink—a common phenomenon in groups that share many similarities and strongly prefer consensus over accuracy, creativity, or problem solving. With THC's coordinating committee, the majority consists of white, cisgender, college educated, working professionals, which is not a congruent representation of the Dan River region community that THC serves. When such a homogenous group gels together over five years with little conflicts, it is almost like inviting groupthink to the table. With groupthink, an origin culture, similar or same to the dominant culture that the members represent, is accepted; and, its members, if they have not already, accept the norms of the group. One common norm is that *good* knowledge leads to *good* conduct, and it is assumed that such *good* is being done by the group. If a coordinating committee member were to question this *good* norm, a healthy committee would listen and consider the question; with groupthink, the person asking the question is rebuked and reminded of the *good* norm, the importance of its acceptance, and to stop asking such controversial

questions. This type of pontification of *good* practices while opposing almost all practical approaches to deal with anything outside norms can be a form of abstract liberalism, a Postcolonial tool (Bonilla-Silva, 2017).

When coordinating committee members rejected visiting CMs and neighborhoods to learn more about community narratives because of liabilities and insurance purposes that was an example of abstract liberalism. Abstract liberalism uses *good* political and economic language to explain away injustices, specifically ones of a racial nature (Bonilla-Silva, 2017, p. 56). Signs of abstract liberalism and groupthink can be seen with THC's blind trust by top decision-makers. Ignoring severe underrepresentation, as THC previously did with its coordinating committee membership, is an example which ignores practical and general committee standards that leadership's demographics should proportionately reflect CMs. The automatic assumption that the mostly-homogenous coordinating committee understands community narratives appropriately, and that they are being communicated and collected appropriately, is also a sign of abstract liberalism since there is such an overt "unconcern about these practices' negative consequences for minorities" (Bonilla-Silva, 2017, p. 56).

Furthermore, I suggest that the case of groupthink within THC's coordinating committee is so extreme that it is more akin to compliant acquiescent disorder. This disorder can be summarized by a fear of discourse. Members feel required to "stay in their lane," a frequent comment made during coordinating committee interviews. Agreement must be maintained at all costs. A propensity for an entire coordinating committee to comply with one another and their dominant white norms could be seen as a

deferral of social justice. Such a compliance reinforces an inequitable barrier to collective impact model participation by those outside of the dominant culture. Another specific example is the uncompromising promotion of free exercise and cooking classes for the good of neighborhoods, despite poor attendance and the frequent pleading of CMs for sidewalks and streets of the same condition as the ones in neighborhoods resided by coordinating committee members. This is also evident with CMs, CHWs, and some coordinating committee members sharing and advocating for community narratives, like homelessness in the Danville region, that are not being justly considered. With the coordinating committee's limited groupthink and compliant acquiescent disorder perspective, it is unlikely they have substantial awareness of the barriers they are creating.

While not seen in collective impact literature, such obstructive behavior by leadership has been verified in community engagement and critical pedagogy literature. To review with more depth and breadth, I consider the community's perspective of trust with communication, collective impact models, and top decision-makers. For as Paulo Freire (2000), the central scholar of critical pedagogy, espouses, the oppressed have a clearer image of the oppressor than the oppressor himself.

Distrust at Community Level

Obstructive actions from leadership in collective impact models can breed immense distrust at the community level. Even in the positive, foundational collective impact examples, an imbalance of power seemed to be true. White et al. (2019) reported that with Strive Cincinnati:

The grassroots community saw itself as outside the power structure that determined our priorities and decisions. Reflecting on the growth and proliferation of this [collective impact] work more broadly over the past twelve years, Blatz found that other cities were struggling with these issues as well. (p. 50)

Through my experience in the Dan River region, my understanding of Postcolonial and Critical theories, and from the interviews, it was clear there was a central power structure marginalizing community members and their narratives, and exacerbating the negative, yet strong “us versus them” community narrative. It seems, according to the previous statement, that this can be a popular community narrative in many locations and with many collective impact models. Adding to the idea that if the top decision-makers ignore this community narrative, like in the greater THC, it will not cease to exist. It will persist.

Within the community level and from my observations at THC community meetings, communities and their narratives were evident in many forms (Akom et al., 2016, p. 5–6). As I re-analyze the literature with the data findings, it is imperative to note that while these practices are helpful in understanding community narratives and building trust, they were not used profusely throughout the different collective impact populations. The coordinating committee was hardly practicing community narrative communication within their own group, with CHWs, or with CMs. For example, the two coordinating committee members, let alone countless CMs, that recognize homelessness as a community narrative have yet to adequately communicate the urgency to address this community need to the rest of the coordinating committee. If they were to open their minds and spaces to community narratives, like the Caswell County chapter has, there is a likelihood that community distrust could begin to dissolve, as well as the coordinating

committee's groupthink and compliance acquiescence disorder. Resolutions could begin because trust comes when you are empowered to access information and there are public spaces for civic dialogue, again like Caswell County's chapter (Levinson, 2012). So, let us explore the structures that could build some of these spaces, starting with the feedback loops category.

Feedback Loops

Two types of feedback loops were identified in the Chapter II literature review: data-driven and community-driven. The community-driven feedback loops included place-based stories, counternarratives, and data captured by youth and the community (Akom et al., 2016, p. 5). The data-driven feedback loops were mainly synthesized metrics provided by state and federal entities that were then shared with communities (Raderstrong & Nazaire, 2017). These data-driven feedback loops would include THC's health equity report, discussed in the systems approach category.

Besides case studies, the successful implementation of feedback loops in collective impact models, whether community- or data-driven, is still a gap in the literature. To meet the need, the Collective Impact Forum and several consultants offer many paid courses and trainings on feedback loops to "fast track change and improve your work with community members" (Collective Impact Forum, "Week 3: Creating Community Feedback Loops to Fast Track Change," 2020). One collective impact consultant company, Keystone, says they specialize in feedback loops and market "the constituent voice" as their "secret sauce" (Keystone Accountability, 2020). Since there is a dearth of peer-reviewed collective impact feedback loop research, I am compelled to

assume these consultancies and trainings are based primarily on collective impact model experiences and case studies. This returns the discussion to the major collective impact model critique that more community engagement literature should be considered and executed within the model. Perhaps that is what these collective impact training and consultancies are doing. Regardless, it would be useful if such knowledge was shared freely with the collective impact community. While feedback loops were a critique of THC in interviews, no one knew how to begin improving them. THC and other collective impact models could benefit from more peer-reviewed guidance on feedback loops. To dive a little deeper into these communication best practices discussed in the community engagement literature, I explore the tradeoffs between flexibility and intentionality.

Flexibility Tradeoffs

Throughout data collection, I listened to remarks from every collective impact model practitioner interviewee about building an intentional communication structure or being more flexible as well as the pros and cons of each. As shared previously, there is no clear, published guidance from research on best models for communication structures. So, here I add the learning that is available from the literature to enhance understanding how the tradeoffs can impact community narratives in collective impact models.

In favor of flexibility, Trent et al. (2017) found that community efforts could “evolve into a collective impact model,” as discussed in the Chapter II literature review. With this belief, there is no need for intentionality because collective impact practices and structures could be adopted when it seems necessary.

However, many researchers have found that too much flexibility and a lack of intentionality means important collective impact aspects slip through the cracks. Schmitz (2015) found that if planning for equity is an add-on, it could mean equity is not practiced consistently. This could pertain to THC and the equity taskforce. In fact, one coordinating committee member called the equity taskforce “inconsistent.” THC meetings and practices that the taskforce is not privy to observing, experiencing, or fully understanding, especially ones occurring in the community, could slip through the cracks too. Yet, THC now intends to embed an equity taskforce member on every project team to increase the understanding of community narrative and promotion of equity.

Flexibility can also make it more difficult to challenge inequitable acts that are not concrete. Following the idea of dissensus, in order to address an inequity, there needs to be a concrete law that is being challenged (Biesta, 2014, p. 97). For instance, if a frequently practiced, but non-institutionalized communication channel is preventing participation from CMs, like ad hoc community narrative solicitation by coordinating committee members, it can be easier for practitioners to reason away any concern because the practice is not concrete and there is nothing holding their actions accountable. For this reason and many others, Strive Cincinnati and the collective impact models structured like it have “always been an institutional device, and unabashedly so” (White et al., 2019, p. 50). They found the absence of institutionalized accountability mechanisms counter-intuitive to their mission.

Either intentional or flexible, collective impact models need to decide on a governance and communication structure. Trying to do everything, like simultaneously

being flexible and intentional, has been a common collective impact model mistake. To address this collective impact governance and communication issue, four types of community systems solutions have been proposed: (a) community-led coalition, (b) low-overhead coalition, (c) multi-stakeholder coalition, and (d) holistic coalition. Each of these vary in levels of cross-sector engagement and centralized governance. It is recommended that a collective impact model select one of these four models and commit to doing it well (Wang et. al, 2020).

Wolff et al. (2016) agreed that one of the major shortcomings of collective impact models is that they try too hard to do it all. They suggest that a collaborative model that is mature in its ability to mobilize institutional resources cannot simultaneously accommodate community authority. Yet, many collective impact model supporters disagree (White et al., 2019). With so many untested suggestions available to practitioners, it is no wonder collective impact models, like THC, are lost on how best to develop communication channels to understand community narratives.

Moreover, if an intentional communication and governance structure is selected to best meet THC or any other collective impact model's needs, it is important to still practice flexibility to a degree. This is especially important for when there are big changes with staff or within the community. An awareness needs to be built and monitored because what works for one person could be lost when an employee or community member leaves. Like any other organization, many collective impact models have found that "while staff members had cultivated working relationships with

grassroots leaders to achieve specific programmatic goals, those connections often dissipated when employees departed” (White et al., 2019, p. 50).

This brings the discussion back to flexibility and intentionality tradeoffs. In summary, collective impact models need to be mindful of both, flexibility and intentionality. Intentionality is necessary to hold inequitable practices accountable. Flexibility is needed to adapt to changes. While being mindful of these two conditions, it is also relevant for collective impact models to select a communication and governance structure with the understanding they cannot simultaneously be centralized and decentralized, and community-led and institution-led. For, as I continue to discuss in the next theme, trying to do everything means some things go unaddressed or are left incomplete. With THC and most collective impact models, the major thing slipping is community narratives from collective impact decision-making.

Community Narratives are not Prioritized in Decision Making

As a THC member, I kept hoping to observe evidence that community narratives were present in greater THC decision making. Much to my dismay, there was, without hyperbole, none. Unfortunately, newer literature revealed similar findings in other collective impact models (Blatz et al., 2019; Wang et al., 2020; White, et al., 2019). These findings were apparent in three categories: leadership’s priorities, positional power, and in/visibility.

Leadership’s Priorities

Collective impact founders shared the need for “three conditions in place before launching a collective impact initiative: an influential champion, adequate financial

resources, and a sense of urgency for change” (Hanleybrown, Kania, & Kramer, 2012, p. 3). None of these conditions reflect a necessary consideration for community narratives. Thus, collective impact model leaders have been validated in prioritizing exerting influence, achieving funding, and pushing for change with no input from the community.

Since it was also frequently found in the data collection, the “us versus them” community narrative for example, and literature that community and leadership interests conflict (Christens & Inzeo, 2015), this can put a collective impact model’s leadership at odds with community needs from inception. Such opposition can be aggravated if founding collective impact members represent traditional leadership structures. Like with THC’s founding leadership, many members represent dominant white institutions that historically marginalized minority communities. This has exacerbated the previously discussed “us versus them” community narrative.

Moreover, if achieving healthy equity with a social justice lens is a THC goal, and social justice means dismantling dominance or the status quo, how can dominance or the status quo be effectively dismantled when its efforts are led by the same dominant status quo structures? An obvious tension between self-interest and common good has been and still is present. In such a scenario, social justice is not being practiced, it is status quo self-preservation dominating the entire effort and institutionalized change on a large-scale is hard to come by.

A collective impact model in Racine, Wisconsin, faced a similar struggle.

The process was not quick or easy, but ultimately community representatives helped identify the root causes of disparities and partnered with institutional leaders to create unique, and potentially groundbreaking, initiatives. Participants

and volunteer mentors have described their new relationships and experience as transformative. Institutional leaders are exploring how to use this new model across other large sectors of the local economy in a way that will support employers and boost community members who have historically been unemployed or underemployed. (White et al., 2019, p. 53)

Initially, there was pushback from Racine's institutional leaders, but, since there has been proven success, the precedent has been set to determine priorities with communities, not for them. And this idea of working with CMs to set goals is influencing other sectors as well.

Similarly, several collective impact models have considered their communities' priorities and worked to decriminalize mental illness, a longstanding rampart of the U.S. status quo and a priority highlighted by all seven CHWs. If THC leadership was to decide to pursue the ignored community narrative, priority, and need that "mental health needs to be addressed better here," it would be fortunate to have an example to follow and national network to plug into via the Stepping Up Initiative. Step Up "has worked in communities across the country to reduce these numbers by diverting people with mental illness into mental health programs" (Brownworth, 2020, p. 11).

Furthermore, some researchers have found that if collective impact models decide to remain institutionally led, as opposed to community led, they are positioned best to challenge institutionalized barriers. "In places where public investment is stymied by outdated laws and practices, philanthropic investments can help communities surmount barriers to government funding, alongside advocacy to remove those barriers" (McGraw, 2020, p. 62). In fact, many of these institutions, like city government and hospitals, are "closer to social challenges and beneficiaries, they are better equipped to spot truly

innovative and revolutionary social solutions... and are better at accelerating the impact of such solutions by integrating them into their value chain” (Heitmann et al., 2020, p. 45). Meaning in THC’s case, that if leadership prioritization was decided with community narratives, the current collective impact model leadership could be well poised to tackle some wicked, systemic community problems, like homeless and mental health. Yet, if THC and other collective impact models continue to prioritize without considering community narratives, much of the status quo could remain and great opportunities for systemic change could be missed. One such part of the status quo that is perpetuated within THC is traditional and positional power structures.

Positional Power

Akin to traditionally dominant collective impact model leadership deciding on priorities without community narratives, those leaders have been given the power to make those decisions by a structure that reveres positional power. THC’s deep implementation of positional power was observed, and it has reinvigorated one of the Dan River region’s most negative community narratives regarding the “Milltown mentality” and how the “good ole boys at the mill ran everything.” These negative community narratives have strong histories associated with racism, bigotry, and hatred. They are a type of “ghost,” and can haunt and scare CMs away from participation (Gordon, 1997). As shared previously, “these narratives tell the members important things about themselves” (Rappaport, 2000, p. 4). And, these negative narratives have told CMs that they do not belong in positions of power, which is not something THC wants to portray.

As observed and shared in interviews, many CHWs and CMs did not feel they represented the historically dominant and traditional powers at play in the Dan River region, so they did not feel welcomed in those positions of power. There was also a discomfort in taking on a collective impact model leadership position and being expected to represent the other minorities from one's demographic group, which is a pressure indicative of a culture of power that is not your own. In this way, inclusion can be a form of exclusion. If you are not explicitly a part of the culture, then someone from the culture needs to teach you about the culture. Meaning, even with THC's best of intentions to open coordinating committee positions to CMs, more cultural education and empowerment is required so CMs may feel prepared and qualified for such roles.

Participation barriers for marginalized populations in collective impact models have been cited within the literature and attributed to "frequently come from the more affluent and the social structures over which they have power" (Blatz et al., 2019, p. 54). Research has shown that the most effective collective impact models centralize community participation. So, if THC leadership wants to improve and centralize community participation, these positional barriers must be overcome. And, traditional institutional leaders must be the ones to start breaking down these positional barriers. As studied, "institutional leaders must empower residents and grassroots leaders as peers with shared authority, shared responsibility, and shared accountability." (Blatz et al., 2019, p. 50).

Expanding on this idea, traditional positional power must also be broken down. To advance equitable and systemic solutions, "new centers of power must emerge" from

“those most adversely affected by our current systems and policies” (Blatz et al., 2019, p. 52). Building new community-led power centers are supported by Postcolonial and Critical theories. It also draws attention to the severest way, beyond leadership’s mismatched priorities and proliferation of positional power, community narratives are not considered in collective impact model decision-making, which is in/visibility.

In/visibility

More recent collective impact research has started to shed light on in/visibility. It was captured best with,

Collective impact organizations have done a fairly good job in recent years of consulting with local residents and grassroots representatives to provide input in and secure endorsement of institutionally driven strategies. Focus groups, town-hall meetings, and community surveys are all devices that capture community needs and wishes. However, these exercises fall far short of recognizing a community as a legitimate peer in the design, production, and implementation of those strategies. Our efforts to solicit community voice may very well lead to decisions that are more reflective of community desires. But it is wrong to take from residents their insight—the one asset they hold exclusively—and then deny them the authority to contribute directly to making those decisions, let alone define what information is gathered and why. Enlisting community voice is not a substitute for community power. (White & Blatz, 2019, p. 55)

The critical idea that community voice is not the same as power is one that is slow for many collective impact practitioners to grasp. A collective impact consulting firm, Design Impact (2017), tried to simply warn that only soliciting community voice can produce inequitable results: “When we only ask for feedback and don’t invite community as codesigners (with equal decision-making power), we can make the same situations we are solving for even worse. In short, community voice without community leadership is significantly less effective” (p. 24).

This can be seen as in/visibility because marginalized populations have been invited to THC meetings and placed on marketing materials, yet they were hardly present on the coordinating committee or when important decisions were being made. During the data collection phase, it was clear that community narratives were suffering the same fate, and this has been apparent with other collective impact models, even the foundational examples. For community narratives to matter in collective impact decision-making, they first need to be listened to, which is currently happening, although not extensively. Secondly, they require empowerment, meaning the communities that own these narratives possess the ability to design responses to the narratives in terms of solutions and counternarratives. THC's overlooking of homelessness is an example of this in/visibility. But, Caswell County's use of counternarratives is a positive way to work against that in/visibility and empower CMs and their narratives to be seen and heard.

Using a Critical theory lens, THC's coordinating committee that makes decisions for oppressed CMs without CMs present can, at an extreme level, be compared to totalitarianism. Afterall, "a distinct feature of totalitarian rule was its incorporation creates institutional paradoxes" (Arendt, 1993, p. 28). A collective impact model's reliability on funding and governance from the coordinating committee and the DRF board, instead of THC members, can be seen as such an institutional paradox. For this reason, many collective impact models, like Strive Cincinnati, are searching for ways to become less dependent on institutions and more organized around community. THC

could benefit by learning from Strive Cincinnati's process in order to consider these options and consequences, a recommendation I discuss in greater detail in the conclusion.

In similar research, counternarratives have been found to not only empower marginalized communities but also to educate the dominant populations that have created the in/visibility barriers in the first place. For THC and Danville, an example could be the historic, powerful counternarrative and Black community narrative of fighting racism from the city government and Dan River Mills, the top regional employer. Introducing a counternarrative that empowers marginalized personal stories has been seen to

Better educate whites, offering them an education more aligned with the education in double consciousness... James Baldwin explains that African Americans have "the great advantage of having never believed that collection of myths to which white Americans cling: that they were born in the greatest country the world has ever seen." Why disadvantage white Americans by denying them access to a more truthful and yet still empowering story of American struggle and opportunity, and why disadvantage other Americans by forcing them to contend with white students who "cling" to a false and ultimately destructive myth? (Levinson, 2012, p. 129)

Sharing more Black stories and narratives in THC would, according to Black feminist and Constructivist theories, make community voices and what they say a relevant part of the information used to make collective impact decisions.

In short, one reason community narratives are not present in collective impact model decision-making is because of in/visibility. Dominant populations perceive the presence of marginalized populations in general meetings or publications as meaningful as if they were in rooms where decisions are being made. However, it is not as

meaningful. Ultimately, these practices are leading to a major lack and misunderstanding of community narratives in collective impact models.

THC Inclusion of Community Engagement Research

At the October 2020 Annual Health Summit, the keynote speaker was Dr. Kent Key. He presented on his work with collective impact models pertaining to health in Flint, Michigan. Most notably, he shared his peer-reviewed research from the article, “The Continuum of Community Engagement in Research: A Roadmap for Understanding and Assessing Progress” (2019). While his work speaks directly to community engaged research, it is transferrable to THC because it also involves CMs and collective impact models. First, at the Health Summit, he presented the article’s “continuum of community engagement in research” as simply the “continuum of community engagement,” showing how equity and context impact community engagement. As referenced in Figure 6.3 and linked to power analyses stemming from critical theory, equity indicators of “power and control, ownership, decision-making, responsibility, influence, resource-sharing, and mutual benefit” impact where CMs fall along the community engagement continuum. These equity indicators directly correlate with this dissertation’s theme of “community narratives are not prioritized in decision-making” and category of positional power. Moreover, resource-sharing can be compared to community narratives as a powerful, shared resource, a tenet of narrative theory which was used to build this study’s research questions.

Figure 6.3 Continuum of Community Engagement

Continuum of Community Engagement

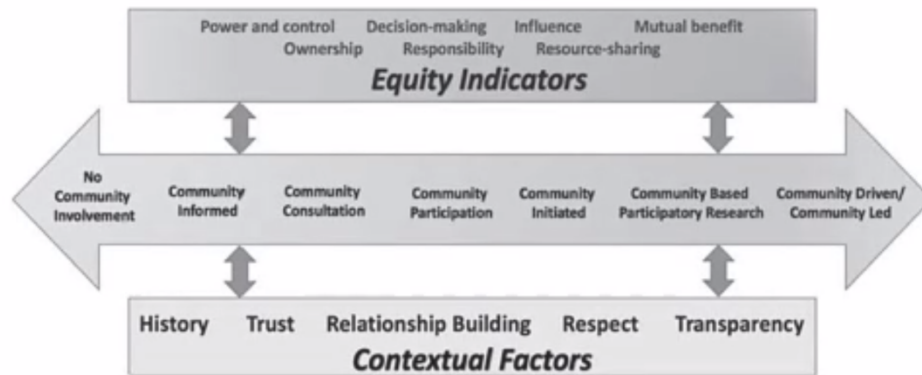


Figure 1. Continuum of Community Engagement in Research

Key, K. D., Furr-Holden, D., Lewis, E. Y., Cunningham, R., Zimmerman, M. A., Johnson-Lawrence, V., & Selig, S. (2019). The Continuum of Community Engagement in Research: A Roadmap for Understanding and Assessing Progress. *Progress in Community Health Partnerships: Research, Education, and Action*, 13(4), 427-434.

The continuum also references contextual factors as an influence on community engagement, as referenced in this dissertation’s category of context matters. The contextual factors to specifically consider are history, trust, relationship building, respect, and transparency. History is evident in the “Milltown mentality” community narrative as it builds upon its postcolonial past. Trust comes through in the categories of blind trust by top decision-makers and distrust at community level. Relationship building is frequently discussed in the first three themes of this dissertation regarding how community narratives are understood. And, transparency is a factor considered in the theme of communication channels are unclear because CMs do not know where to locate or deliver information.

The impact of these contextual factors and equity indicators on the continuum of community engagement can be used to measure the level of engagement from different

parties. Specifically pertaining to Key’s analysis of community perspective/ experience, which can be related to community narratives because perspectives and experiences make up groups’ shared stories, which are community narratives. Using Key’s “Continuum of Community Engagement in Research: Perspective and Experience” in Figure 6.4, we can gauge CMs’ engagement levels by matching them with community narratives. While his continuum is utilized to measure involvement and perspectives on research and projects, we will follow Key’s lead from THC Health Summit and reference THC, in general, when project or research are mentioned.

Figure 6.4 Continuum of Community Engagement in Research: Perspective and Experience (Key et al., 2019)

<i>Community Perspective/Experience</i>						
We do not know about this project	We may or may not be aware of this project but our information informed it	Researchers met with us to present the project and asked for our input	Researchers provided opportunities for us to participate (e.g., recruitment, community advisory board)	We told researchers what questions we need answers for	We participated in all aspects, equitably	We fully own the research
No Community Involvement	Community Informed	Community Consultation	Community Participation	Community Initiated	Community Based Participatory Research	Community Driven/Lead
We had no contact with the community	We sat in on a meeting and learned a great deal	We met with several community organizations, they shared their concerns and gave us suggestions	We have a defined role(s) for community to participate in the research	We created the research in response to community identified issue(s)/question(s)	We developed the project together with community partners	The community is in charge and we support their efforts when asked
<i>Researcher Perspective/Experience</i>						

For instance, the CMs that shared they “did not know about” THC would be gauged as having “no community involvement.” Instead of the researcher experience/ perspective, we would substitute that for THC perspective/ experience. Accordingly, THC would be measured as having “no contact with the community” in this example.

For CHWs in THC collective impact model, it could be surmised from their personal stories and community narratives that THC meets with them to “present their

work and ask for input,” marking CHW involvement as “community consultation.” If THC continues to add more positions and opportunities for CHWs or CMs to participate, the measurement of involvement could increase to “community participation.”

Since THC staff and coordinating committee members say they want THC to be community driven and led, the continuum shows tangible ways for THC to increase community involvement. Using the CHW measurement, we will mark THC’s community involvement to be at community consultation and working on community participation. Following the researcher perspective/experience measure, which we will adapt to THC perspective/experience, community involvement can be increased by: 1) defining role(s) for community to participate in (THC is already making strides in this category); 2) create discussion and/or action in response to community identified issue(s)/ question(s) (such as homelessness); 3) develop discussion/ action together with community partners; and 4) put the community (instead of the coordinating committee) in charge and support their actions when asked. Showing THC’s room for growth and improvement within research that they are already sharing and using will hopefully make this study easier to accept and understand. Afterall, as this research has shown, context matters. Using the context already in use to communicate this dissertation’s findings will hopefully make it easy for THC to use.

Summary

In this findings analysis chapter, I asked, “How are narratives of community members understood by collective impact models, and ultimately used in decisions,” and I simultaneously examined the research data and collective impact literature to answer the

question. Through this process, five themes and their subsequent categories became evident. My conceptual framework for this study, including a Critical and Constructivist research paradigm, a Black feminist and Postcolonial theoretical framework, and unique positionality, influenced the understanding of this data. As a THC member, I know first-hand how hard THC members work to be equitable with all communities, so I believe the members will be receptive and open-minded to these findings in order to enhance their work. The literature proves that many of THC's shortcomings are characteristic of the collective impact model, and not necessarily the people or operations within THC. Moving forward, there are many recommendations and implications for future research that can hopefully re-route THC and other collective impact models towards a more equitable understanding and empowerment of communities and their narratives. I discuss these recommendations and implications in the final chapter.

CHAPTER VII

CONCLUSION

In this concluding chapter, I review the significance of the study and its implications. I share my recommendations for THC and collective impact models moving forward, as well as future research questions to be considered. I discuss the strengths and limitations of the research, then conclude with some personal reflections on the research process.

Significance of Study

This study has significance on the collective impact body of literature and THC. Since starting this dissertation two years ago, a plethora of collective impact research has emerged. Most of the research continues to be based on case studies, and no study directly covered community narratives in collective impact models. However, the peer-reviewed research supported the majority of my research's findings as documented in the Chapter VI findings analysis. For these reasons, once this dissertation is approved, I am encouraged to publish an abbreviated version of my study and its findings. Then, this study can begin to fill the research gap of community narratives in collective impact models.

The interview subjects from THC found the very act of the study to be significant. In one way or another, every CHW expressed gratitude to me for asking these questions and of whom I asked them. By giving the CHWs a platform to express themselves in the

interviews, they felt listened to and valued, which unfortunately has been a rare feeling for many of them within THC.

All THC interviewees were also eager to learn about the findings of the study because the research questions are the very questions they have been asking of THC and collective impact models. Thus, THC has already requested that I share my full study, a three to five page summary, and present my findings at a THC general community meeting. I am eager to continue engaging with THC on this topic, especially with hopes that they may be able to implement some of the study's lessons and recommendations. If THC is able to put this study to use, that could evolve into additional studies or publications. This is relevant because basic qualitative research "has a strong productive emphasis. It assumes to make the enterprise worthwhile, that the analyst will produce a piece for others in the world at large whether by a talk, paper, or monograph. It assumes a future contribution to the field (secondarily, the literature)" (Glasser, 1978, p. 7). To dive deeper into the significance of this study based on the collective impact literature, I explore the implications of the study.

Implications

Research implications need to be substantiated by evidence to avoid over-generalization of results. Like most of the rest of the world in 2020, Covid-19 had implications for this research study and results. Due to its creation of universal travel and visitation restrictions in the middle of this study's data collection phase, the number of CMs interviewed with the assistance of CHWs was limited to three, as opposed to the originally proposed seven. Since all three CMs interviews contained similar information

and showcased no working knowledge of THC or collective impact models and their understanding of community narratives, it was assumed data saturation was reached. However, there is still the risk that there is a low study population and other CMs might have had different experiences to share. Thus, this study implies that the CM perspective was sufficiently considered and included; yet, that might be over-generalized, an inaccurate assumption, and not true.

By reviewing the literature for this study, some findings clearly impacted the status of the study itself. One critique (and dislike) of mine as a practitioner and researcher is the privatization of collective impact knowledge. Since prominent resources, like the Collective Impact Forum and associated consultants, make money by charging for their advice and expertise via consultations and online courses, a lot of their resources are not openly shared. Luckily, I have access to many journals as a college student, but still there were a great number of resources that I could not access without paying. I cannot imagine how frustrating it must be for small budget collective impact model practitioners trying to access information to improve their practices. Doubly so, CMs with interests in their local collective impact models with no budget for additional education must be very frustrated.

This study has emphasized how sharing knowledge in the form of resources and community narratives is a way for collective impact models to empower communities. I feel like knowledge sharing should be in the DNA of collective impact models and equally practiced in the sharing of collective impact literature; however, much of the literature is only available at a cost. Just as White et al. (2019) called for collective

impact models to share authority with CMs to ensure the model's future success, collective impact literature and knowledge should be considered as part of that authority to be shared with CMs "because it is the just and publicly popular thing to do and because it is strategically superior" (p. 55). Thus, I will endeavor to freely share this information with THC and other collective impact model communities.

Some researchers argue that proposed changes like these—sharing authority and knowledge with CMs in collective impact models—are arriving too late. Some researchers and practitioners believe that collective impact work needs to be grounded in the community from inception in order to succeed. If it tries to include the community after the model has been initiated, the community will not truly be at the core of everything (Wolff et. al., 2016). Since many collective impact models have made this mistake because it is not suggested in the initial literature, several researchers have proposed ways to fix this issue while staying within the collective impact model (White, et al., 2019) or by adjusting to a completely different type of model (Wang et al., 2020). I agree that the collective impact model is most equitable and effective when centered in the community. At the same time, if that was not or is not currently being accomplished, I would recommend the most important step for collective impact practitioners is to have an open, honest dialogue about their options with the community. I discuss this more in the recommendations section.

Recommendations

Grounded in literature and the findings, several different kinds of recommendations for how THC and collective impact models can best move forward

developed. First, collective impact literature should be available for free for collective impact model practitioners. As mentioned in the Chapter II literature review, there is a strong recommendation for collective impact models to place:

The power back in the hands of everyday people by identifying community assets, providing real-time feedback loops, crowd-sourcing data, elevating place-based stories & counter-narratives, and transforming schools and communities through ongoing youth and community-driven metrics, monitoring, and evaluation. (Akom et al., 2016, p. 5)

Providing free literature is one way to do that. For THC and other collective impact models, rather than jumping into a completely different model or adapting certain practices, it would be prudent, first, to assess their practices and procedures with community and then discuss all of the options for change. Part of this open discussion would need to include THC being more transparent and explicit about their current practices and structures, since right now community members are unclear about these things. Even this re-assessment and re-organization can have a major influence on the community, the collective impact model, and its work. Researchers have found that in this stage “the choices that they make about how to organize influence the capacity of the coalition, the type of change that it will make, and whether communities that are the most affected will have any say in its decisions” (Wang et al., 2020, p. 34).

Institution- or Community-centric

One of the major re-assessment decisions recommended for THC to make with the community and its funders, alike, is whether they want to be institution-centric or community-centric. This study and the literature have shown that trying to do both well is

difficult. The Strive Partnership in Cincinnati has been going through such a re-assessment. They identified that they were institution-centric, and they are working on changing to a community-centered approach. To help their communities achieve more equitable outcomes and accelerate progress, StriveTogether advises, shares knowledge with, and provides financial incentives to other local community organizations. Already, ten community partners, including StrivePartnership, have shown progress on at least 60 percent of indicators (White, et al., 2019). This is relevant because THC could use such information in its re-assessment of its own structure.

Knowing THC members from all populations take an annual trip to learn from a comparable collective impact model, I would recommend that their next visit be to StriveTogether in Cincinnati. Taking it a step farther, I would also recommend including the community in evaluation of such new initiatives that StriveTogether is working on and prospective efforts for THC.

Depending on whether THC decides to be institution-centric or community-centric, I would recommend different next steps to ensure community narratives are a part of the collective impact process. Regardless of their choice, new changes to THC will be required.

[It] demands substantive shifts in core organizational structure, operational practices, and foundational knowledge. Our [Strive Cincinnati] experience and observation suggest that enacting them requires three strategic endeavors: pursue new learning, broaden capacity and expertise, and modify organizational policies and goals. (White et al., 2019, p. 55)

Such strategic endeavors would need to be pursued for THC to also clearly determine its governance and communication structures. Once THC's focus, governance, and communication structures are decided, it is essential for them to be shared and appropriately communicated with everyone they impact, especially since these structures are not currently clear.

If THC and the community decide to focus their work on the community, they will need to learn and disseminate new practices that redefine the power dynamic between communities and institutions to improve outcomes. THC has recently worked to do this by reforming their coordinating committee membership to more accurately reflect the community they serve. Yet the decision-making process on how the coordinating committee is defined and its membership is still up to traditional institutional leaders by means of a barrier-creating application process. THC would need to work at *really* committing to putting the community at the center of everything, especially including how community is centralized. With the community at the center of the collective impact model, community narratives should be included in processes more easily. However, understanding if a sufficient amount of community narratives is included in the process is important, which leads to new research questions.

If THC and the community decide to be institution-centric, it will be increasingly more difficult to include the community and its narratives. Being institution-centric places THC in a good position to focus on meeting outcomes impacting systems and analyzing statistics, not connecting with CMs. To fill the community narrative empowerment void, THC could strategically partner with and uplift the work of

Opportunity Neighborhoods. Opportunity Neighborhoods was mentioned several times in THC interviews for their positive work in the community. It is an Asset Based Community Development (ABCD) organization focused on working with marginalized neighborhoods in the Danville region. Similar to THC, it is funded by the Danville Regional Foundation, however the major difference is that the community makes all of its decisions, not a coordinating committee, staff member(s), or DRF board. Having attended some Opportunity Neighborhoods meetings in the past, I can attest that community narratives are discussed abundantly and used in their decision-making. An institution-centric THC could hold key positions open for Opportunity Neighborhoods representatives to share community narratives that would then be included in collective impact model processes and decision-making.

Another aspect to consider is if THC still wants to serve the Dan River region collectively or more intentionally divide its structure and work with the regional chapters. As of right now, THC seems to be leaning towards an approach that includes working collectively and regionally, simultaneously. But, like most of their other structures, it is not explicitly clear on their websites, documents, or communications. The Caswell County Chapter seems to be thriving with their regional approach, and, according to its residential leader, would relish an opportunity to focus solely on Caswell CM needs and truly work independent of Danville and Pittsylvania County needs.

Such a decision echoes the intention to be community- or institution-centric. Historically, Caswell CM attendance for events and excitement for projects increases when they are local, so I would not be surprised if the community voted to be an

independent chapter. On the contrary, one of DRF's major contingencies to funding any of their projects is to serve the entire Dan River region, which would commit THC to an institution's demands, likely making it institution-centric.

If THC decides they want to perform better in terms of including community narratives in their processes and decision-making, I would recommend that they start doing more of what has been working for them, which is utilizing Caswell County chapter's localized and community member focused approach. This could be accomplished by creating and using three regional chapters for Caswell County, Pittsylvania County, and City of Danville. In fact, THC has already made strides to hold three regional chapters. However, it is still unclear how their structures are connected to the greater THC and coordinating committee. For instance, if one of the regional chapters votes to start working on a regional project, do they possess the autonomy over the project's funding and operations? Or, does THC coordinating committee, and possibly the DRF board, hold power to veto the project, like it has for other THC projects? This needs to be made clear. Regardless, I would recommend that THC open this decision to take a collective, chapter-based, or simultaneous approach and their respective detailed governing and finance structures to the community and not keep the deciding power isolated to the coordinating committee. Whatever THC decides, it and many other collective impact models have their work cut out for them if they desire to include community narratives in their processes and decision-making.

THC Member Recommendations

Scattered throughout the data collected from THC member interviews and presented in Chapters IV, V, and VI are several recommendations of ways THC can better understand community narratives and include them in its decision-making processes. While these suggestions were made specifically for THC, they could also prove beneficial to many other collective impact models.

First, were some small, simple changes THC could make to be more inclusive to CMs. Holding general THC meetings in the neighborhoods was a common suggested tactic to increase CM buy-in and attendance at meetings. During these meetings, it was suggested to host a town hall meeting style solicitation for CM personal stories and community narratives to better understand the community's genuine needs. Several CHWs said they would love to run some of the general THC meetings as a way to share community narratives and inform THC members of some of the bright spots and challenges they are facing. To increase more CM attendance at general THC meetings, CHWs and CMs also suggested advertising the meetings to CMs and in neighborhoods. Since the one-on-one communication between CHWs and CMs is so effective, meeting information and invitations could also be passed along that way. CMs and CHWs also asked for accessible transportation to and from meetings to be provided.

Encouraging all THC members to practice what THC preaches was another popular suggestion. Identified by coordinating committee members, "simple things like once a month walking groups," "provide water at your business for meetings versus sodas... like one of the easiest solutions," "half an hour blocked out three days a week to

go for a walk or do something,” “have a kickball team,” and “host speakers on anxiety or depression,” were all recommended. This falls in line with the collective impact model key condition of mutually reinforcing activities.

The most prolific suggestion from CHWs and coordinating committee members, alike, was to include CHWs on the coordinating committee. Some CHWs and coordinating committee members also suggested having more residential CMs on the coordinating committee members, specifically CMs that are truly coming from a genuine neighborhood mindset and do not occupy a position with a THC-affiliated organization. Stacking the coordinating committee with more CMs would directly bring more CM personal stories and, potentially, more community narratives to the proverbial decision-making table.

Research-sourced Recommendations

Emphasizing two collective impact model key conditions of continuous communication and backbone support, data transparency and hosting in one virtual location is suggested. Since most THC members are unclear about THC’s operations and practices, it would likely be worthwhile to focus on consistent and clear communications, especially to CMs that do not know about THC even though they directly receive services from it. THC sends out weekly emails with a lot information, which are helpful. But, general CMs are not included in those emails. If CMs want to find information, as of right now, it is unclear for them to know how to do that or where to find it on THC’s website. More often than not, general information about THC’s many programs (listed in Figure 1.2) cannot be found anywhere online.

Following the Caswell County chapter's positive examples on several things would be prudent, like counternarratives, community narrative solicitation, and asking who is not in the room, then seeking to include those people. One specific step to pursue would be to better consider context and terms in THC language and communications. For example, the Caswell County chapter has been meticulous about its intentional use of the term "equity," as opposed to "health equity," which is used by THC. Caswell County places a stronger emphasis on racial justice with their use of "equity," and it has made positive strides in their community, as discussed in the Findings Chapter. Inviting the Caswell County chapter to share their explicit practices with the greater THC, perhaps at a general meeting, could be a great way to learn from THC bright spots.

Also similar to Caswell County, THC could employ counternarratives and positive change narratives to counteract negatively perceived community narratives, like "us versus them." Uplifting personal stories from marginalized communities could be a great way to do this. CMs and CHWs already know several positive personal stories and community narratives, why not give them a stage to share with THC, again, like how they did successfully at the 2018 Health Summit? I would recommend providing such a stage on a regular basis.

Finally, I would suggest that THC puts Keys et. al (2019) continuum of community engagement to use in their own self-assessment of THC practices and operations. Since this research was presented at the most recent Health Summit in October 2020, THC members are already talking about it. Now, they can put it into practice! This study has started to connect community narratives to Keys' continuum of

community engagement. If prompted, I am sure many CMs, CHWs, and coordinating committee members could also weigh in and apply more personal stories and community narratives to the assessment. To better understand if such a desire for THC and collective impact models to include community narratives even exists, additional research is recommended.

Future Research Questions

In this study, it became clear that it was assumed that community narratives were desired in collective impact models. Considering the large array of different types of leaders involved in collective impact models, especially traditional ones that may be timid to engage with CMs, it cannot be assumed that community narratives are desired for inclusion. Afterall, the Newark education collective impact model example explicitly sought leaders from outside Newark. Thus, one future research question should be to find a way to identify if whether a collective impact model genuinely desires the presence of community narratives within its processes and decision-making or not. And, if so, to what extent does it desire to include community narratives in its processes and decision-making? Following that same line of questioning, other future research questions could better understand the level and type of community buy-in, connection, and involvement desired by the collective impact model and its different entities. For instance, as referenced in the findings (see Ch. V), this study identified a greater desire to connect with community and their narratives at the CM and CHW level than at the coordinating committee level. It would be interesting to study and gauge the level of desire the DRF board, which advises THC and many other community initiatives in the Danville region,

has for engaging with communities and their narratives. Keys' et. al (2019) continuum on community engagement could be further utilized for such a study. In short, there are several questions that could be explored to expand upon this study.

Another way to more deeply understand the significance of community narratives in collective impact models is to share this study's results with THC and other collective impact models and hold debriefs and interviews to gather their feedback. When broached with the possibility of better maximizing community narratives in collective impact models as a way that also increases community equity and involvement, it would be interesting to witness how CMs, CHWs, coordinating committee members, and the DRF board perceive it. Although it may be informally, I plan to gather opinions from the aforementioned parties upon sharing the results of my study with them. It would be another opportunity to identify ways to expand upon this research and to hopefully benefit the collective impact model field and THC's work. Since Dr. Keys mentioned his continued interest in THC and the Dan River region at the 2020 Health Summit, I will share this research with him to gather his thoughts and feedback, especially pertaining to the adaptive use of his model.

Strengths and Limitations

The major strengths and limitations of this research study are the plethora of secondary and intangible benefits and detriments to this work, as with most efforts involving people and their communities. When challenges are present, it can be difficult to ascertain whether it would be in the best interest to stop pursuing the challenge or to keep pushing because there are greater benefits within reach. Generally, with this study

and any collective impact work, the greatest limitations are the amount of time and commitment required for accomplishments. But the greatest strengths can come from the lessons and skills learned through that commitment and time. This has been found to be true in collective impact work.

Implementation of a CI approach proved time intensive and required committed leaders to work through power dynamics and foster communication, trust, understanding, and willingness to overcome technology and administrative challenges to shared data. Successfully navigating these barriers offers the opportunity to bridge research and practice, leading to actionable knowledge and positive community outcomes. (Sagrestano et al., 2018, p. 118)

My sincere hope is that the time committed by the research participants and myself will also have rewarding benefits in terms of lessons learned and outlined next steps for ways to better include community narratives, ultimately shaping THC into a more equitable collective impact model.

Moving forward, one limitation with narrative research and practice is “it is also hard to construct an empowering civic narrative if one has never had a positive civic experience” (Levinson, 2012, p. 137). While this research speaks to civic experiences and narratives, it could also be applied to community experiences and narratives. The process of engaging citizens in the narrative process is just as important, possibly more, than the community narratives themselves. As revealed in interviews and the “us versus them” community narrative, many CMs have had negative civic and community experiences in the Danville region. For CMs to be empowered by positive community narratives or counternarratives like “Caswell Cares,” they would, first, need to have positive community experiences. With this understanding, one limitation for community

narratives to be empowering in collective impact models is that first there would need to be more positive community experiences for its citizens. The Caswell County chapter has achieved this by seeking community narratives and giving community members decision-making power. The greater THC could follow Caswell's lead. Or, to achieve this goal, perhaps THC could more meaningfully partner with those communities to provide positive experiences for CMs. Either way, this is one additional step or limitation towards promoting community narratives.

Previously identified as a potential strength and limitation for this study was my connection to THC and the Danville area. Reflecting back, I can say my connection certainly served as a strength. Considering the data collection phase needed to continue during a time when Covid-19 dictated quarantine measures to be in place with communication patterns changing and face-to-face contact discouraged, I would not have been able to maintain the communication that I did if I had not already had relationships established with THC participants and CMs. Instead of observing meetings in-person, I was kept abreast of meetings that were cancelled and then re-scheduled for THC members only via zoom. If I was not a THC member, there could have been a good chance that I would have missed such opportunities to stay connected.

Not observing meetings in-person was a limitation to this study. Conducting participant observations of the meetings via zoom meant that I likely missed non-verbal cues and side comments that I may have picked up on had we been in a meeting room, face to face. However, since I have previously participated in such meetings, I think I was

still able to capture the important aspects of the meeting, as it was similar in format, flow, and membership of previous meetings.

In short, the strengths of this study were able to compensate for its limitations. Given the opportunity to collect data during a non-pandemic time, formerly established relationships would not have needed to be so crucial. When regular face-to-face communication and meetings resume, this study could easily be replicated with other collective impact models, even where previous relationships had not been established. However, considering the circumstances of Spring 2020 as a result of Covid-19, it was fortuitous to have had such established relationships and membership to THC.

THC Updates

In August 2020, the City of Danville was named a 2020 All-American City by the National Civic League. This competitive annual contest recognizes 10 municipalities for their civic engagement efforts. THC partnered with the City of Danville government on an application and 30-minute presentation to the National Civic League for the award. The presentation focused on the CHW Initiative, Fit Mobile (a THC program that holds fitness classes in underserved neighborhoods), and the Youth Health Equity Leadership Institute (a high school program that THC partnered with that has since run out of its Virginia grant funding) as examples of ways that Danville is improving health and civic engagement in the community. There was also a video as part of the presentation that showcased THC CMs participating in these programs. And, the City of Danville mayor and city manager, both, co-presented with the remainder of presenters being THC members.

Winning this award has been a major boost to Danville and THC. It proves that the work of THC is the best that Danville has to offer because the city chose to exclusively present on THC projects. I do not wish to disparage how wonderful this has been for the city and THC member's pride and self-esteem. However, watching this award being presented and won with my researcher lens, I could not help but simultaneously witness the findings from this study also at play.

Most notably, in/visibility, leadership's priorities, and positional power were on display. Minority CMs and underserved communities were the stars of the presentation video; however, I have not witnessed any of these CMs in attendance at any THC meeting. Also, this entire effort was, by nature, Danville-based, which is sure to exacerbate the regional "us versus them" community narrative and already hurt feelings from CMs of the other two counties. This study showed that CMs in Pittsylvania County and Caswell County already feel like the majority of THC's attention and funding goes towards Danville, and that many of these CMs feel powerless to shift any of that attention or funding into their counties' directions. In the data collection phase, one county's CM said, "You erode trust when you begin to take credit for things that aren't yours." This led me to see how Danville's All-American City award is not the first time the city has received recognition for a regional effort, like THC, that included the counties. Consequently, it is a shame that something so wonderful for Danville can simultaneously erode trust when it comes to the regional work that contributed to Danville's recognition.

Moreover, other All-American City winners were metropolitan regions, so it makes me beg the question why only the City of Danville was submitted and not the Dan

River region, especially since the projects presented serve the full Dan River region. For this reason, I would understand if a county CM felt invisible during this moment when it came to THC.

THC leadership's priorities were also at play here. THC leadership decided to pursue this award with the City of Danville despite not representing all of its CMs in the counties. And, they decided to present on work with the Youth Health Equity Leadership Institute, even though the commonwealth of Virginia, DRF, and THC declined to continually fund it in July 2020. This is disheartening and shows that the honor and recognition of being named an All-American City are more important to Danville and THC than the actual substance of health improvements and civic engagement efforts for what the award was created to support. It also harkens back to the "disconnect between purported values and behaviors" theme found in the two pilot studies. Evidenced multiple times in Danville, now, I would not be surprised if this is also an issue nationally and with other collective impact models. Future research could determine if such a disconnect is, indeed, rampant.

Moreover, the allure of positional power to not just Danville, but also the National Civic League, were at play. All of the projects presented on are derived from THC work. The Danville mayor and city manager have and never have had any role in these projects; yet, they had a big chunk of the presentation time. The city manager was the representative to accept the award on behalf of Danville, even though he had no part in any of the work that qualified the city for the award. This shows the pervasive power of positional leadership in Danville, and likely in many other regions.

In short, I am proud of the City of Danville for winning the All-American City award. But juxtaposed with this study's findings, I would recommend that THC leadership and CMs take a moment to reflect on their values and whether they believe their values' integrity is represented in a way they approve of in their actions. I would also recommend THC reflect on whether there are ways to build upon the success of winning this award. For instance, many Danville CMs were identified in the video, could THC reach out to them again to learn more about their community narratives? THC could also possibly invite the CMs to take on more than just a service-receiver role with THC by attending meetings or possibly accepting leadership positions. For THC and Danville's sake, I hope they can find a way to capitalize on this major boost provided by the award.

Besides Covid-19 quarantine and the All-American City award, THC was confronted, like the rest of the world, with a national racial awakening. Spurred by deaths of George Floyd, Breonna Taylor, and too many other people of color at the hands of law enforcement, worldwide demonstrations occurred and continue to occur demanding justice. During this time, online monthly zoom meetings occurred for THC, of which I was a participant. Thirty to sixty people were on each call. Check-ins to see how people were fairing with quarantine, the racial awakening, and the financial downturn were conducted in front of the group at large. THC weekly emails announced support for events or resources that supported resources that dove into racial issues. But, that was the limit of work or concern shown for racial equity and justice issues during Spring and Summer 2020.

I see this as a missed opportunity for THC that purportedly stands for health equity, of which race is a critical factor. Considering about half of the CMs in THC's service area identify as Black, and Black Lives Matter demonstrations occurred in Danville in Spring/Summer 2020, now is arguably the most important time to engage in racial justice dialogue and work. Juxtaposed with this study's findings, it is doubly important for THC to engage in seeking out, listening to, understanding, and including CM narratives in their processes and decision-making, especially of marginalized communities. While THC has yet to significantly engage in racial justice or community narratives about race, as far as I know, it does not mean it is too late for THC to start. Like all other collective impact model recommendation made as a result of this study, I would advocate that THC engage with the community to understand what the racial justice needs are and how THC can address them. That could look like holding the monthly THC meetings in different neighborhoods and making it part of the agenda to discuss racial injustice and identify ways THC can work to undo it. Since the individual approach with CHWs speaking with CMs has been so effective, having the CHWs discuss racial justice issues and ways to undo them with CMs on a one-on-one basis could be helpful if those stories were intentionally collected and used in THC decision-making.

There are many ways THC could engage in racial justice work and dialogue as part of its health equity work, similar to the Caswell County chapter. To do anything would be a start! Considering THC coordinating committee and staff are mostly white, and less impacted by racial injustices than minorities, I question if there have been

conversations at the leadership level to engage in the racial awakening movement.

Independent of this study and in a different capacity, I have been engaging with CMs of the Dan River region on racial justice issues, and I know, for a fact, that it is something many CMs care about and wish their organizations were more involved with. In October 2020, I co-facilitated four zoom sessions for a month-long dialogue on Robin Diangelo's "White Fragility: Why It's So Hard for White People to Talk About Racism." As a result of this study's findings and THC's insignificant action towards racial justice, one of the major questions I posed to the group was: What can our communities and organizations do to better address racism? In general, responses were along the lines to discuss racial equity more frequently and adopt equity policies. I used my facilitator role in these discussions to hold people and the organizations they represent accountable for their responses. I plan to follow up for progress updates in hopes this can start to move the needle for more racial justice work in Danville, especially with organizations that are dominantly white. Since promoting this October 2020 community read in their weekly emails was the most progressive support THC had shown for anything pertaining to racial justice, I was hopeful THC staff and coordinating committee members would participate, and I would have a window to specifically hold THC accountable to engage more in racial justice dialogue and work. Such a goal overlaps with this study's recommendations in a way that aims to better recognize and utilize community narratives in all engagement work. However, only one THC staff member and one THC coordinating committee member participated in the racial justice dialogue, which is not enough to create a

cultural shift. As a result, I will attempt to pose this question, again, when I present this research to the entire THC.

Personal Post-research Reflection

Researching and writing a dissertation during a time of quarantine is not easy, especially a study that is based in the community. Being forbidden to connect directly in-person with the study population during data collection is tough. While it was initially a questionable decision to work with a community that I am connected with, it proved to be the best choice I made during this process. Although all electronically, I kept THC and interview participants abreast of my research journey, and they continued to motivate and encourage me through emails, texts, phone calls, and social media. Such connections made this dissertation process feel less isolating and more communal. Knowing that more people, besides myself, were looking forward to the completion of this study—which I have learned is rare in dissertation processes—was also incredibly motivating.

I experienced a lot of angst in trying to accurately review literature pertaining to my research findings before the data collection stage. Looking back, I can clearly see that there was no possible way for me to know what the research findings would be and what literature was necessary to review. I am glad I committed to a separate literature review and findings analysis after the data collection phase. The literature review funneled my focus on gaps within the research that would be useful for this dissertation to address. The findings analysis more narrowly pinpointed information that brought my findings into discussion with research, new and previously studied. Moreover, this resulted in being able to provide research-based recommendations for future collective impact

studies, and, more importantly, tangible improvements THC can make to better include community narratives within their processes and decision-making.

Conclusion

Reflecting on this study and its process, I am confident that THC and collective impact models, now, can have an understanding of how to better include community narratives into processes and decision-making. A bridge to span the theoretical and practical chasm of community narrative understanding in collective impact models has started to be built. I am eager to share these findings with THC and the collective impact community. The significance, implications, strengths, limitations, and areas for future research provide guidance on how this study can continue to grow and hopefully benefit the collective impact communities in question. In turn, this study has given me renewed purpose as a researcher. By sharing marginalized stories and community narratives, we can start to identify effective, equitable, and sustainable ways to weave them into collective impact models and other processes, thus uplifting CMs.

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APPENDIX A
RECRUITMENT EMAIL

Greetings,

I am emailing you because of your involvement in The Health Collaborative (THC). I am also a member of THC and a doctoral student at UNC Greensboro, and I would like to invite you to participate in a study that seeks to better understand community members' narratives in collective impact models. I have been in communication with the Senior Program Officer of THC, Annie Martini, and Community Health Worker Manager, Amanda Young, and I am now reaching out to each of you individually to invite you to participate.

If you agree to participate in this study, you will be contacted a maximum 3 additional times.

- 1- The first time will be for a 1-hour face-to-face interview in a private location.
- 2- A possible second time will be to answer any unresolved questions from the previous interview. This will be for a maximum of 1 hour in a private location.
- 3- The third time will be to double check information and/or inquire about your perspective on emerging theories from the research. This third time could be face-to-face, over email, or over the phone. It will take 1 hour at most.

Please see attached for the research proposal, which provides more detail about the study. This study seeks to understand community members' narratives, so no matter how big or small your role is with THC or how much or little you've attended meetings,

your perspective is valuable to this study! Please email me back by [INSERT DATE] if you are interested in participating. I am also happy to answer any questions.

Thank you for your consideration,

Brigid

APPENDIX B
RESEARCH PROPOSAL SHARED DURING RECRUITMENT

Dissertation Research Proposal
Community Members' Narratives in Collective Impact Models

Brigid Belko Gorton
University of North Carolina Greensboro

Purpose

Given the lack of understanding about community members' narratives in collective impact models, I propose a study to explore and understand the narratives of community members, how they are understood in collective impact models, and how they are or are not utilized in decision-making in collective impact models. This study will be built on qualitative research, including several interviews and observations as part of the methodology.

Collective Impact Model: The Health Collaborative (THC) is identified as a collective impact model. Collective Impact Models are defined as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” (Kania & Kramer, 2011, p. 2). Collective impact initiatives require five key conditions:

1. a common agenda;
2. shared measurement;
3. mutually reinforcing activities;

4. continuous communications, and;
5. backbone support. (p. 2)

Community Partners and Participants

From The Health Collaborative,

- 7 Community Health Workers
- 7 staff and coordinating committee members, consisting of:
 - 3 coordinating committee members
 - 1 Community Health Worker Manager
 - 3 THC staff
- 7 community members

Research Questions

To achieve this dissertation aim, I am asking as my main research question: How are narratives of community members (CMs) understood by collective impact models, and ultimately used in organizational decisions?

Research Approach

Qualitative Research

I approach research with qualitative analysis, a methodology that 1) constantly processes data from research participants and literature and 2) develops an understanding based on what emerges from the data (Brown, 2012). Qualitative analysis is especially useful at paying close attention to participants' narratives. Every narrative and every word matters. Raising participants' narratives is particularly relevant to this study since

the literature has found that they are not appreciated in collective impact models (Harwood, 2008; 2014).

Brigid's Bio

From higher education, government, and community development work, Brigid has 13 years of combined cross-sector experience. Currently, she is a Ph.D. candidate at the University of North Carolina- Greensboro in the Educational Leadership & Cultural Foundations program. She also holds a Master's degree in Public Administration from Rutgers University and a B.S. in Natural Resources with minors in Nonprofit Studies, Environmental Science, and Forestry from NC State University.

As an active volunteer in Danville, VA and member of The Health Collaborative for five years, I am motivated to position my research to benefit our community. I care about understanding biases, limitations, and perspectives towards community members' narratives because I believe, if they were engrained and utilized in every aspect of collective impact models, Danville could better serve all of its constituents. My overall mission is to empower others, and I believe this research can do just that.

Timeline

- Seeking Permissions/Approvals and Interest (January- February 2020)
 - Approval from UNCG professors and ethics review board
 - Approval from THC
 - Interest from THC community members and staff
- Data Collection (February- March 2020)
 - 1-hour interviews with 21 participants in a private location

- Analysis and Initial Feedback (March – April 2020)
 - I will code interviews and each participant will have an opportunity to view initial themes and provide feedback.
- Writing (April 2020) *could extend into Spring 2020 if needed
 - I will do more in-depth analysis, writing, and research to publish findings in dissertation form.
 - In collaboration with THC, the findings will also be distributed in a format that is useful.

Contact Information

Brigid Belko Gorton

Phone: [REDACTED]

Email: [REDACTED] or [REDACTED]

*I am happy to provide any additional information or explanation as needed.

APPENDIX C
IN-PERSON RECRUITMENT SCRIPT

Hi,

My name is Brigid Belko Gorton. Many of you know me, as I am an active volunteer in Danville, VA and member of The Health Collaborative for five years. You may not know that I am also a doctoral student in Educational Leadership & Cultural Foundations at UNC Greensboro.

Now that I have an opportunity to focus on a study for my dissertation, I am excited to better understand collective impact models like The Health Collaborative. To achieve this dissertation aim, I am asking as my main research question: How are narratives of community members understood by collective impact models, and ultimately used in organizational decisions? I care about understanding biases, limitations, and perspectives towards community members' narratives because I believe, if they were engrained and utilized in every aspect of collective impact models, Danville could better serve all of its constituents. My overall mission is to empower others, and I believe this research can do just that.

I approach research with qualitative analysis, a methodology that 1) constantly processes data from research participants and literature and 2) develops a problem statement and theory based on what emerges from the data (Brown, 2012, p. 258). Qualitative analysis is especially useful at paying close attention to participants' narratives. Every narrative and every word matters. Raising participants' narratives is

particularly relevant to this study since the literature has found that they are not appreciated in collective impact models (Harwood, 2008; 2014).

I have been in communication with the Senior Program Officer of THC, Annie Martini, and Community Health Worker Manager, Amanda Young, and I am now reaching out to each of you individually to invite you to participate.

If you agree to participate in this study, you will be contacted a maximum 3 additional times.

- 1- The first time will be for a 1-hour face-to-face interview in a private location.
- 2- A possible second time will be to answer any unresolved questions from the previous interview. This will be for a maximum of 1 hour in a private location.
- 3- The third time will be to double check information and/or inquire about your perspective on emerging theories from the research. This third time could be face-to-face, over email, or over the phone. It will take 1 hour at most.

So, I invite all of you to participate in the study. If you are interested in participating, please email me at [REDACTED] saying, “Hey, I’m interested!” We will schedule our interview from there. There are minimal risks in this study and no direct benefits, such as payment. However, I believe you and THC will benefit by learning through this research the role community members voices play and can play in the future. I will invite you to also provide feedback while I am analyzing the data.

This research will contribute directly to my dissertation, which I hope to publish in May 2020. I would be very excited to work with all of you over the next several months to better understand community members' narratives in THC.

Does anyone have any questions?

APPENDIX D

OBSERVATION GUIDE

Community Members' Narratives in Collective Impact Models

Observation Guide

I will attend and participate-observe at least one Community Health Worker and one The Health Collaborative meeting to collect data and see if and/or how community members' narratives are a part of the meetings. Participant as observer is "a data-collection technique that requires the researcher to be present at, involved in, and actually recording the routine daily activities with people in the field setting" (Merriam & Tisdell, 2016, p. 144). As part of each meeting observation, I will immediately journal additional field notes when the meeting is over and include them in the data, as well. I will also collect handouts, flyers, websites, and any other information shared during these meetings. My notes will include attendance, maps of the setting, direct quotes, non-verbal communications, and impressions of emotions evoked. Direct quotes will be de-identified. Pseudonyms will be used if necessary.

APPENDIX E

INTERVIEW QUESTIONNAIRE SURVEY

Community Members' Narratives in Collective Impact Models

Interview Questionnaire Survey

Each interview will be about an hour-long, but will vary. The interview flow will pace like a regular conversation and follow the interviewee's lead. As a result, interviews may or may not need to include every question. Some questions may be naturally answered in the conversation and all questions may not to be asked. My guiding questions for all interview participants are:

1. What is your role within The Health Collaborative (THC)?
2. What is your experience in this region pertaining to health?
3. How do you think your experience is understood by THC? Or not understood?
4. How do you think your experience is reflected in decision making by THC?
Or not reflected?
5. How do you think experiences are understood in THC?
6. How do you think experiences are NOT understood in THC?
7. How do you think experiences are utilized in decision making in THC?
8. How do you think experiences are NOT utilized in decision making in THC?

Additionally, if guiding questions 5- 8 are answered briefly and/or incompletely, I will follow up with additional questions which will specifically inquire about the sample populations of 1) community members, 2) community health workers, and 3) THC staff

and coordinating committee. I will ask about these different sample populations to encourage depth in the participants' responses and enrich the overall data collected.

APPENDIX F

THC LETTER OF SUPPORT



Brigid Belko Gorton
[REDACTED]

Dear Brigid Gorton,

I, Annie Martinie, Danville Regional Foundation Senior Program Officer and Chair of the Coordinating Committee for The Health Collaborative, am committed to the effectiveness of The Health Collaborative and its members. I support the interviewing of the staff, coordinating committee members, community health workers, and community members with each completing an interview and follow-up process. This letter is to provide permission for Brigid Belko Gorton to conduct these interviews, analyze the data, and present the findings in her dissertation. My staff and I are committed to working with the researcher to utilize the research findings into our work. I understand the project proposal will be reviewed and approved by UNCG Institutional Review Board for Research Involving Human Participants prior to data collection.

If you need further information in support of this project, please contact me at amartinie@drfonline.org.

Sincerely yours,

Annie Martinie
Senior Program Officer
The Health Collaborative

APPENDIX G

CONSENT FORM

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Community Members' Narratives in Collective Impact Models

Principal Investigator and Faculty Advisor: Brigid Belko Gorton and Dr. Leila Villaverde

Participant's Name: _____

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

Brigid Belko Gorton
Dr. Leila Villaverde



What is the study about?

This is a research project. Your participation is voluntary. Given the lack of understanding about community members' narratives in collective impact models, I propose a study to explore and understand the narratives of community members, how they are understood in collective impact models, and how they are or are not utilized in

decision-making in collective impact models. This study will be built on grounded theory, including several interviews and observations as part of the methodology.

Why are you asking me?

The reason for selecting you as a participant is because your perspective is valuable. Whether you are a community member, community health worker, staff member, or coordinating committee member, your narrative and experience with The Health Collaborative is important to understand how to potentially improve The Health Collaborative and other collective impact models.

What will you ask me to do if I agree to be in the study?

If you agree to participate in this study, you will be contacted a maximum 3 additional times. The interviews will consist of the researcher asking you questions about your personal experiences with The Health Collaborative and in the Dan River region. Your demographic information will also be included as data in the study.

The first time will be for a 1-hour face-to-face interview in a private location.

A possible second time will be to answer any unresolved questions from the previous interview. This will be for a maximum of 1 hour in a private location.

The third time will be to double check information and/or inquire about your perspective on emerging theories from the research. This third time could be face-to-face, over email, or over the phone. It will take 1 hour at most.

There are no perceived risks with this study. If you have any questions about the requirements of this study, please contact Brigid Belko Gorton at [REDACTED] or [REDACTED].

Is there any audio/video recording?

Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described below.

Audio of your interview will be recorded and transcribed for research purposes. Only the researcher or research team are planning to listen to the recording. Recordings will be kept confidential and safely stored.

What are the risks to me?

The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants.

If you have questions, want more information or have suggestions, please contact Brigid Belko Gorton at [REDACTED] or [REDACTED] or Dr. Leila Villaverde at [REDACTED]

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to society as a result of me taking part in this research?

Your input may lead to improvements in The Health Collaborative and other collective impact models.

Are there any benefits to *me* for taking part in this research study?

There are no direct benefits to participants in this study.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you or payments made for participating in this study.

How will you keep my information confidential?

All information obtained in this study is strictly confidential unless disclosure is required by law. Pseudonyms will be used to protect identities. All data will either be physically stored in a locked file cabinet or with password protected, cloud-based storage system.

Your de-identified data will be kept indefinitely and may be used for future research without your additional consent.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By signing this consent form, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered.

By signing this form, you are agreeing that you are 21 years of age or older and are agreeing to participate, in this study described to you by Brigid Belko Gorton.

Signature: _____ Date: _____